Return completed application to:
Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8509
www.dpor.virginia.gov

Department of Professional and Occupational Regulation

Board for Barbers and Cosmetology
EAR-PIERCING APPRENTICE CERTIFICATION APPLICATION
No Fee Required

NOTE: This application for certification as a ear-piercing apprentice requires designation of a Board approved ear-piercing apprenticeship sponsor on a signed and notarized Apprenticeship Agreement. Upon successful completion of the required apprenticeship-training program, the apprentice will be required to also successfully complete the Board's licensing examination and meet other licensing eligibility requirements in order to obtain a body-piercer license.

1. Name _____ (Last) _____ (First) _____ (Middle) _____ (Generation)

2. Provide one of the following identification numbers.

   ☐ Social Security Number or ☐ Virginia DMV Control Number ✳ ☐☐☐ - ☐☐ - ☐☐☐☐

   ✳ State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Date of Birth _____ (MM/DD/YYYY) (Must be at least 18 years of age.)

4. Mailing Address (PO Box accepted) _____

   _____ (City) _____ (State) _____ (Zip Code)

5. Street Address (PO Box not accepted) ☐ Check here if Street Address is the same as the Mailing Address listed above.

   _____

   _____ (City) _____ (State) _____ (Zip Code)

6. Email Address _____

7. Contact Numbers _____ (Primary Telephone) _____ (Alternate Telephone)

8. Have you completed a minimum of five (5) hours of health education to include but not limited to bloodborne disease, sterilization, and aseptic techniques related to ear-piercing, and first aid and CPR?

   No ☐

   Yes ☐ If yes, attach a certificate or official school transcript indicating successful completion of the training program. All health education courses must be completed from a Board approved Education provider listed on the board's website (www.dpor.virginia.gov/Boards/BarberCosmo/) under the tab section for "Education and Exams".

Apprenticeship Sponsor Designation:

9. Sponsor's Name _____

   Sponsor's Virginia Body-Piercer License Number: ☐☐☐☐☐☐☐☐☐☐

10. Salon Name _____

    Virginia Salon License Number ☐☐☐☐☐☐☐☐☐☐

BOARD USE ONLY	APPLICATION REVIEW DATE	EAGLES	EAGLES
		Check for Sponsor Confirmed ☐	Check for Salon Confirmed ☐
		Certification Approved ☐	Certification Denied ☐

11. Salon Street Address _____

_____ _____ _____
City State Zip Code

12. Salon Email Address _____

13. Salon Contact Numbers _____ _____
Primary Telephone Alternate Telephone

14. Are you requesting Board approval for credits of previous apprenticeship *experience* or *related instruction* completed?

No ☐

Yes ☐ If yes, indicate the *number of hours* that you are requesting for approval and attach supporting documentation signed by your designated apprenticeship sponsor listed above.

Award of credits is subject to Board approval and can only be awarded prior to the start of the apprenticeship program.

Experience - No. of Hrs: _____ Related Instruction - No. of Hrs: _____

Required Documentation - Experience must be verified by submitting a completed the Training & Experience Verification Form. Related instruction must be verified by submitting a transcript showing successful completion of related instructions.

15. I have reviewed with my sponsor Part II. ENTRY. Section 18 VAC 41-60-20. General requirements for body-piercer of the Body-Piercing Regulations, and I am aware of the qualifications for licensure as a body-piercer after I have completed the apprenticeship. The above information is true and correct.

Signature _____ Date _____

(Applicants must sign the Apprenticeship Agreement on the next page.)

APPRENTICESHIP AGREEMENT

The purpose of this Apprenticeship Agreement is to establish the obligations of all parties participating in the Virginia Board for Barbers and Cosmetology Apprenticeship Program for Ear Piercing.

By affixed signatures, the parties named below acknowledge that they have read and agree to comply with all requirements, terms and conditions established in the Virginia Board for Barbers and Cosmetology Body piercing Apprenticeship Standards and Body-Piercing Regulations.

ACKNOWLEDGEMENT

Signature _____ Date _____
Signature of Apprentice

Signature _____ Date _____
(If Required) Signature of Legal Guardian

Signature _____ Date _____
Signature of Apprenticeship Sponsor

Signature _____ Date _____
Signature of Body-piercing Salon Owner

Notarization

In the State of _____, City/County of _____, subscribed and sworn before me, the undersigned Notary Public in and for the City/County aforesaid this _____, day of _____ , 20 ____.

My commission expires the _____ , day of _____, 20 ____.

Affix official seal here.

_____
Signature of Notary Public