

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



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

NOTE: This application for license as a ear-piercing apprentice requires designation of a Board approved ear-piercing apprenticeship sponsor on a signed 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 ear-piercing license.

1. Name

Last _____ First _____ Middle _____ Suffix _____

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

4. Mailing Address (PO Box accepted)

City _____ State _____ Zip Code _____

5. Street Address (PO Box not accepted)

City _____ State _____ Zip Code _____

6. Email Address

7. Contact Numbers

Primary Telephone _____ Alternate Telephone _____

8. Have you completed board-approved health education including, but not limited to, bloodborne disease, sterilization, and aseptic techniques related to ear-piercing and first aid?

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 Ear-Piercing License Number:

1 2 3 4 5 6 7 8 9

10. Parlor Name

Virginia Ear-Piercing Salon License Number

1 2 3 4 5 6 7 8 9

BOARD USE ONLY	APPLICATION REVIEW DATE	EAGLES Check for Sponsor Confirmed <input type="checkbox"/> License Approved <input type="checkbox"/>	EAGLES Check for Salon Confirmed <input type="checkbox"/> License Denied <input type="checkbox"/>
----------------	-------------------------	---	---

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 **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 41-60-230. General requirements for ear-piercer of the Body-Piercing Regulations, and I am aware of the qualifications for licensure as a ear-piercer after I have completed the apprenticeship. **The above information is true and correct.**

Signature _____ Date _____

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 Ear-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/Ear-Piercing Salon Owner