

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](http://www.dpor.virginia.gov)



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