



**Virginia Board for Barbers and Cosmetology
 LIMITED TERM TATTOOER LICENSE APPLICATION
 Fee \$90.00**

LICENSE IS EFFECTIVE FOR ONLY FIVE CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE.

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed **credit card insert** must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Completed application must include fee and all required documentation. Application is required at least **30 days** prior to the first day of the period in which the limited term tattooer license is requested. Failure to answer all questions, or provide any additional documentation required will result in a delay of processing your application.

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

4. Maiden Name or Former Surname(s) _____

5. Mailing Address (PO Box accepted) _____
 If a mailing address is submitted, the mailing address will be printed on the license.
City State Zip Code

6. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.
PHYSICAL ADDRESS REQUIRED

City State Zip Code

7. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

8. Email Address _____
 Email address is considered a public record and will be disclosed upon request from a third party.

9. Scheduled dates of operation in Virginia From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

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10. Where in the Commonwealth will you be utilizing the limited term tattooer license? (List name and location of establishment or convention.)

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		1233	

11. Do you **currently** hold or have you been **previously** licensed in Virginia as a Tattooer, Limited Term Tattooer, Permanent Cosmetic Tattooer or Master Permanent Cosmetic Tattooer?

No

Yes If yes, provide your license number and expiration date below.

VA License Number

Expiration Date _____

12. Are you **currently** licensed to practice tattooing in any other state or jurisdiction of the United States?

No

Yes If yes, attach an original *Certification of Licensure* (dated within the last 60 days) prepared by the state board or licensing body in which you are currently licensed.

13. Do you hold an **expired** tattooing license, certification, or registration in any state or jurisdiction within the United States or its territories (excluding Virginia)?

No

Yes If yes, complete the following table.

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

14. Have you ever applied for a limited term tattooer license in Virginia?

No

Yes If yes, when? _____
MM/DD/YYYY

15. Have you completed health education including, but not limited to blood borne disease, sterilization and aseptic techniques related to tattooing, and first aid and CPR that is acceptable to the board?

No **IF NO, YOU ARE NOT ELIGIBLE FOR LICENSURE**

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 (<https://dpor.virginia.gov/Boards/BarberCosmo/>) under the tab section for "Education and Exams".

16. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, complete the [Disciplinary Action Reporting Form](#).

17. Have you ever had an application for licensure, certification or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing **denied** by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, complete the [Denial of Licensure Reporting Form](#).

18. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** (excluding marijuana convictions)?

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

19. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may desire. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology; Tattooing Regulations*.

Signature _____ Date _____