

**Virginia Board for Barbers and Cosmetology  
 PIERCER APPRENTICESHIP SPONSOR APPLICATION**

1. Virginia Body-Piercing or Ear-Piercing License No.

Expiration Date \_\_\_\_\_

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_  
 Last (required)

\_\_\_\_\_  
 First (required)

\_\_\_\_\_  
 Middle

\_\_\_\_\_  
 Suffix

3. Provide at least **one** of the following identification numbers\*:

☐ **Social Security Number** and/or

 - 



 - 





☐ **Virginia** DMV Control Number



➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

\* 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.

4. Mailing Address (PO Box accepted)

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

5. Contact Numbers

\_\_\_\_\_  
 Primary Telephone

\_\_\_\_\_  
 Alternate Telephone

6. Email Address

\_\_\_\_\_  
 Email address is considered a public record and will be disclosed upon request from a third party.

7. Do you hold a current, or have you ever held, a body-piercing or ear-piercing 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 and attach an original Certification of Licensure/Letter of Good Standing\* (dated within the last 60 days) from each jurisdiction.

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

\*Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license; 4) the means of obtaining licensure (i.e. exam, endorsement, etc.); and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

Certification can be **emailed** from the regulatory body to the Board section at [bchoplicensing@dpor.virginia.gov](mailto:bchoplicensing@dpor.virginia.gov) or **mailed** from the regulatory body to: Board for Barbers & Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485.

8. Have you legally been practicing body-piercing or ear-piercing for at least five (5) years?
- No ☐ If no, you do not qualify to become an apprenticeship sponsor.
- Yes ☐ If yes, complete the **Experience Verification Form**.
- **DO NOT SUBMIT Training & Experience Verification form to the exam vendor. Mail directly to DPOR at the address given on the front page of this application.**
9. 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](#).
10. Have you ever been refused or **denied** a professional, occupational or business license, certification, or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, ear-piercing, or tattooing by any (including Virginia) local, state or national regulatory body?
- No ☐
- Yes ☐ If yes, complete the [Denial of Licensure Reporting Form](#).
11. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony** within the last 10 years?
- No ☐
- Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).
12. 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 (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 Body-Piercing Regulations*.
  - Furthermore, I shall ensure compliance with the Virginia 1500-hour body-piercing and 500-hour ear-piercing apprenticeship program and body-piercing apprenticeship standards.

Signature \_\_\_\_\_ Date \_\_\_\_\_