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 Virginia Board for Barbers and Cosmetology

TATTOOER/BODY PIERCER- UNIVERSAL LICENSE APPLICATION

DPOR may require an individual seeking a professional or occupational licensure or government certification pursuant to the

Code of Virginia, §54.1-205 to pass an examination specific to relevant state laws.

A check or money order payable to the TREASURER OF VIRGINIA

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

APPLICATION FEES ARE NOT REFUNDABLE.

Select <u>one</u> license type you are requesting:

Х	Universal License Type	Trans	Fee
	1231 - Tattooer License	1021	\$90.00
	1231 - Unlicensed Tattooer - Universal license by exam	1020	\$90.00
	1239 - Tattooing Instructor	1021	\$110.00
	1239 - Unlicensed Tattooing Instructor - Universal license by exam	1020	\$110.00
	1236 - Permanent Cosmetic Tattooer License	1021	\$90.00
	1236 - Unlicensed Permanent Cosmetic Tattooer - Universal license by exam	1020	\$90.00
	1250 - Permanent Cosmetic Tattooer Instructor License	1021	\$110.00
	1250 - Unlicensed Permanent Cosmetic Tattooer Instructor - Universal license by exam	1020	\$110.00
	1237- Master Permanent Cosmetic Tattooer License	1021	\$90.00
	1237- Unlicensed Master Permanent Cosmetic Tattooer - Universal license by exam	1020	\$90.00
	1241 - Body Piercer	1021	\$90.00
	1241 - Unlicensed Body Piercer - Universal license by exam	1020	\$90.00

1.	Have you <u>eve</u> Regulation? No	r held a licens	se and/or cert	ificate issued b	y the	Virgi	nia	De	partr	ment	of	Prof	fess	iona	l and	d Oc	cupatio	ona
2.	Full Legal Nan	ne (As it appe	ars on your gov	ernment issued I	ID or ot	her le	egal	dod	ume	ntatio	on.)							
	Last (required)		First	(required)					liddle							— -	Genera	tion
3.	Provide at least one of the following identification numbers*:																	
	Social S	ecurity Numbe	r and/or				-] -								
	<u>Virginia</u>	DMV Control Nu	Γ	T	T	Τ				$\overline{\Box}$	T	T						
4.	* State law re	quires every applica	int for a license, ce	kamination, previous rtificate, registration c number or a control n	or other a	uthoriz	atior	n to e	engage	e in a	busine	ess, t	rade	•		or occu	upation is	sued
		MM/DD/Y	YYY															
5.	Maiden or For	mer Name(s)																
6.	The maili	ss (PO Box ac ng address will be on the license.	. ,	City										State		Zi	p Code	
OFFICE	DATE	FEE	TRANS CODE	ENTITY#					FIL	E #/LICI	ENSE#					IS	SSUE DATE	=
USE ONLY			1021															

7.	Street Address (PO I	RESS REQUIRED	Check here if Street Address is			
			City		State	Zip Code
8.	Contact Numbers					
^	Consil Address	Primary Telepho	ne Alternate 1	elephone		
9.	Email Address	Email address	is considered a public record and wi	I be disclosed upon	request from a third	party.
0.	Applicants who hold	a <i>current</i> license/certi	ficate:			
	A. Do you hold a o	current (non-Virginia) If no, skip to question # f yes, have you held th No	icense or certificate issued by	st 3 years? rsal license. Yo	u may apply by	endorsemen
	B. Did your curren	ut state or your state of	original licensure/certification	require you to r	ass an evaminati	on?
	li Yes □ l	icense application or the foliation of t	ify for the Universal license. ne endorsement application. e require you to complete this license/certificate? u do not qualify for the University Board's Exam & License Apple	any education	i, training and/o	r experience
	•	•	lude all <u>current</u> and <u>expirection</u> of the United States.	l licenses and/o	r certification issu	ued from an
		rs and Cosmetology at J	od Standing must be emailed frochoplicensing@dpor.virginia.go			
	,	State/Jurisdiction	License or Certification Number	Did you pass an examination?	Expiration Date	
				Yes		
				Yes		
				Yes		
				Yes		
				Yes		
				Yes		

• 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 or renewal date; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure; and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

	D.	Do you applica No		any unresolved compl	laints or investigations pend	ding against you a	at the time you s	submitted this		
		Yes		If yes, please give a br	rief description of this compla	aint/pending invest	tigation:			
Skip	to au	estion#	12.							
11.	-			do not hold a current	license/certificate:					
	A.	Do you	ı work		ion of the United States (c	other than Virginia	a) that does not	regulate your		
		profess No			alify for the Universal licens	se. You may app	ly using the Boa	rd's Exam &		
		Yes		License Application. If ves. have you worke	d in this profession for a leas	st three vears?				
				No 🗌 If no, you	do not qualify for a Univers	•	time. You may ap	ply using the		
				Board's <u>E</u> Yes	xam & License Application.					
	B.	Have y	ou eve	er passed an examination	on for this profession in any s	state or territory of	the United States	?		
		No			quired to take the Virginia will be notified by the Board					
		Yes		If yes, provide the follo	wing information about the e	examination:				
				State/Jurisdiction:		Date of Ex		MYYYY)		
				National/Board-approved ex			showing successful c	,		
	C.	List all	the sta	ite or jurisdiction of the	United States where you hav	ve practiced this profession: Dates of				
				State/Jurisdiction	Profession/Occupation		yment*			
						Start (MM/YY)	Finished (MM/YY)			
								_		
								_		
								-		
				*Show a	minimum of 3 years of empl	oyment.	1	1		
	D.	An <i>Exp</i> No		<u>e <i>Verification Form</i></u> mus Yes	st be complete and submitted	d along with this a	pplication. Is one	attached?		
	>	<u>Experier</u>	nce Ve	rification Forms are loca	ated here: Tattooer & Body	Piercer - Experie	nce Verification Fo	<u>orm</u>		
12.	bod licer N	y? This	include nnectio	es but is not limited to on with a disciplinary ac	ary action taken by any (incomorphic any monetary penalties, station or voluntary termination ary Action Reporting Form.	fines, suspensions				

	•	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 provision.
	•	I authorize the Department to verify information concerning me or any statement in this application from an person, or any source the department may contact. I also agree to present any credentials or document required or requested by the Department.
	•	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).
14.	By si	gning 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.
		Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any misdemeanor involving moral turpitude, sexual offense, non-marijuana drug distribution of ohysical injury within the last two (2) years? No Yes If yes, complete the Criminal Conviction Reporting Form.
10.		United States of any <u>felony</u> within the last 20 years? No Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>
13.	Α.	Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the