

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
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Virginia Board for Barbers and Cosmetology
TATTOOER/PIERCER -
EXPERIENCE VERIFICATION FORM

Body-Piercer, Ear-Piercer, Tattooer, Permanent Cosmetic Tattooer, or Master Permanent Cosmetic Tattooer only.

Verification of experience gained outside the Commonwealth of Virginia.

Section A - To be completed by the applicant.

Section B - To be completed by one of the individuals listed below who will verify the applicant's work experience.

1. Salon/Parlor Owner
2. Salon/Parlor Manager/Supervisor
3. Licensed Body-Piercer, Ear-Piercer, Tattooer, Permanent Cosmetic Tattooer, or Master Permanent Cosmetic Tattooer
4. Self-Employment * : _____

* If "self-employment" is chosen, your experience may require further review by the Board and this will result in a delay of your application being processed.

Section A: Applicant

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

Last (required) _____ First (required) _____ Middle _____ Suffix _____

2. Provide 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.

3. Mailing Address (PO Box accepted) _____

City _____ State _____ Zip Code _____

4. Maiden or Former Name(s) _____

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. Select the License type you are applying for:

<input type="checkbox"/> Tattooer	<input type="checkbox"/> PCT Instructor	<input type="checkbox"/> Ear-Piercer Sponsor
<input type="checkbox"/> Tattoo Instructor	<input type="checkbox"/> Master Perm. Cosm. Tattooer (MPCT)	<input type="checkbox"/> Body-Piercer (BP)
<input type="checkbox"/> Tattoo Sponsor	<input type="checkbox"/> MPCT Instructor	<input type="checkbox"/> Body-Piercer Sponsor
<input type="checkbox"/> Perm. Cosm. Tattooer (PCT)	<input type="checkbox"/> Ear-Piercer (EP)	

8. I, the undersigned, certify that the foregoing answers and statements are true, and that I have not suppressed any information that might affect the Board's decision to approve this application. I also understand that providing false information may result in denial of a license or possible disciplinary action.

Applicant's Signature _____ Date _____

Section B: Verifier (Completed by an individual who can attest to the applicant's experience.)

1. Verifier's Information:

Name _____

Contact Number _____ Email Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

2. Indicate which of the following best describes your relationship to the applicant: (Select all that apply)

Salon/Parlor Owner

Salon/Parlor Manager/Supervisor

Licensed Professional: Body-Piercer Ear-Piercer Tattooer Perm. Cosmetic Tattooer

Master Perm. Cosm. Tattooer

License Number _____ State/Jurisdiction _____

Client for self-employed applicant (if requested by the board)

3. In your own words, describe the applicant's work duties (**experience**) for which you have been asked to attest:

➤ This verification form is used as a means for the Board to verify that an applicant has the experience necessary to become a licensed body piercer or tattooer within the Commonwealth of Virginia. Your response is appreciated. This is not meant to be a character reference. Attest to the skills as it relates to the standards of practice located in Part VIII of the tattooing regulations (18VAC 41-50-380 et seq.) and Part VI of the body piercing regulations (18VAC 41-60-180 et seq.).

4. Where did the applicant gain this experience described above in question #3?

A. Name of Salon/Parlor _____

B. Salon/Parlor License No. _____

C. Salon/Parlor Address _____

City _____ State _____ Zip Code _____

5. Provide the date(s) of when this experience was obtained: _____

6. I certify, to the best of my knowledge, all information provided on this form is true and accurate. I understand that providing false information may result in the applicant being denied a license or possible disciplinary action brought against them.

Verifier's Signature _____ Date _____