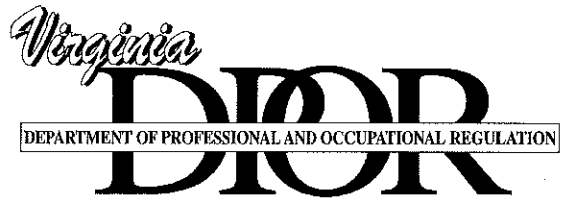


Board for Barbers and Cosmetology
 9960 Mayland Drive, Suite 400
 Richmond, Virginia 23233-1485
 (804) 367-8509
www.dpor.virginia.gov
barbercosmo@dpor.virginia.gov



**Virginia Board for Barbers and Cosmetology
 TATTOOER APPRENTICE CERTIFICATION APPLICATION
 No Fee**

NOTE: This application for certification as a tattooer apprentice requires designation of a Board approved tattooer apprenticeship sponsor on a signed and notarized Apprenticeship Agreement. Upon successful completion of the required apprenticeship training program, the apprentice will be required to also successfully complete the Board's licensing examination and meet other licensing eligibility requirements in order to obtain a tattooer license.

Include with application: Documentation of completion of health education to include but not limited to blood borne diseases, sterilization, and aseptic techniques related to tattooing and first aid and CPR that is acceptable to the board.

1. Name _____
Last First Middle Generation

2. Date of Birth _____ (Must be 18 years of age.)
MMDDYYYY

3. Provide **one** of the following:

Social Security No. or Virginia DMV Control No.*

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

 -

| | |
|--|--|
| | |
|--|--|

 -

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

* 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. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above and skip to next question.
PHYSICAL ADDRESS REQUIRED

City State Zip Code

6. Contact Numbers _____
Primary Telephone Alternate Telephone Facsimile

7 E-mail Address _____

APPRENTICESHIP SPONSOR DESIGNATION

1. Name _____
Last First Middle Generation

2. Tattooer License Number

| | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| 1 | 2 | 3 | 1 | | | | | | |
|---|---|---|---|--|--|--|--|--|--|

3. Parlor Name _____

4. Parlor License Number

| | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| 1 | 2 | 3 | 2 | | | | | | |
|---|---|---|---|--|--|--|--|--|--|

| | | | | | |
|------------------------|------|------------|----------|------------------|------------|
| Office Use Only | DATE | TRANS CODE | ENTITY # | FILE #/LICENSE # | ISSUE DATE |
| | | 1020 | | 12 | |

5. Parlor Address (PO Box not accepted) _____
PHYSICAL ADDRESS REQUIRED _____

 City State Zip Code

6. Parlor Telephone Number _____

7. E-mail Address _____

8. I have reviewed with my sponsor Part II, ENTRY, Section 18 VAC 41-50-20. General requirements for tattooer of the Emergency Tattooing Regulations, and I am aware of the qualifications for licensure as a tattooer after I have completed the apprenticeship.

The above information is true and correct.

Apprentice Signature _____ Date _____

APPRENTICESHIP AGREEMENT

This Apprenticeship Agreement is to establish the obligations of all parties participating in the Virginia Board for Barbers and Cosmetology Apprenticeship Program for Tattooing.

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 Tattooing Regulations and Virginia Board for Barbers and Cosmetology Standards for Tattooing.

1. Acknowledgement

Signature of Apprentice _____ Date _____

Signature of Legal Guardian _____ Date _____
 IF REQUIRED

Signature of Apprenticeship Sponsor _____ Date _____

Signature of Tattoo Parlor Owner _____ Date _____

2. Notarization

In the State of _____, City/County of _____, subscribed and sworn before me, the undersigned Notary Public in and for the City/County aforesaid this _____, day of _____, 20 _____. My commission expires the _____, day of _____, 20 _____.

Signature of Notary Public _____