

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

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/Shop Owner

Salon/Shop Manager/Supervisor

Licensed Professional: Barber Master Barber Cosmetologist Nail Technician Wax Technician

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 barber, master barber, cosmetologist, nail technician or wax technician within the Commonwealth of Virginia. Your response is appreciated.

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

5. 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 _____