

**Virginia Board for Barbers and Cosmetology  
 BODY PIERCER/TATTOOER -  
 EXPERIENCE VERIFICATION FORM**

**Body Piercing, Tattooer, or Permanent Cosmetic Tattooer only.**

**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 or Tattooer
4. Self-Employment \* : \_\_\_\_\_

\* If "self-employment" is chosen, your experience may be reviewed 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	Generation
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2. Provide **one** of the following identification numbers\*:

**Social Security Number** *and/or*

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**Virginia** DMV Control Number

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➤ 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
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4. Maiden or Former Name(s) \_\_\_\_\_

5. Contact Numbers

Primary Telephone	Alternate Telephone
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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"/> Perm. Cosm. Tattooer (PCT)	<input type="checkbox"/> Body Piercer
<input type="checkbox"/> Tattoo Instructor	<input type="checkbox"/> PCT Instructor	<input type="checkbox"/> BP Sponsor
<input type="checkbox"/> Tattoo Sponsor		

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 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/Parlor Owner
- Salon/Parlor Manager/Supervisor
- Licensed Professional:  Body 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 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 \_\_\_\_\_