

6. Mailing Address (PO Box accepted) _____
The mailing address will be printed on the license.
City _____ State _____ Zip Code _____

7. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.
PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____

8. Contact Numbers _____
Primary Telephone _____ Alternate Telephone _____

9. Email Address _____
Email address is considered a public record and will be disclosed upon request from a third party.

10. Have you been **previously** licensed in Virginia as a Barber, Master Barber, Cosmetology, Nail Technician, Wax Technician, Esthetician, Master Esthetician, Tattooer, Permanent Cosmetic Tattooer, or Master Permanent Cosmetic Tattooer?
No
Yes If yes, provide your license number and expiration date below
VA License Number

--	--	--	--	--	--	--	--	--	--

 Expiration Date _____

11. Are you applying for a **Barbers & Cosmetology** Instructor Certificate or an **Esthetics** Instructor Certification?
No
Yes If yes, did you complete a course in teaching techniques at post-secondary level?
No
Yes **Required Documentation:** *Transcripts and/or diploma*

➤ If you passed an Instructor examination, please complete the exam application relevant to your profession.

12. Are you applying for **Tattooing, Permanent Cosmetic Tattooing, or Master Permanent Cosmetic Tattooing** Instructor Certification and completed a post-secondary course?
No
Yes If yes, complete the **Body Piercer/Tattooer - Experience Verification Form** documenting proof of legally tattooing for at least three years and include with this application (more than one form may be submitted to document three years of experience) and provide proof of passing a course on teaching techniques in a post-secondary education level.
Required Documentation: *Transcripts and/or diploma*

13. Are you applying for **Tattooing, Permanent Cosmetic Tattooing, or Master Permanent Cosmetic Tattooing** Instructor Certification as a licensed student instructor?
No
Yes If yes, complete the **Body Piercer/Tattooer - Experience Verification Form** documenting proof of legally tattooing for at least three years and include with this application (more than one form may be submitted to document three years of experience) and provide your student instructor license number.
Virginia License Number

--	--	--	--	--	--	--	--	--	--

 Expiration Date _____

➤ If you do **not** hold a current Virginia student instructor license in your respective profession, you **do not qualify for a Instructor certificate.**

➤ **DO NOT SUBMIT Body Piercer/Tattooer - Experience Verification form to the exam vendor. Mail directly to DPOR at the address provided at the top of this application.**

14. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state, or national regulatory body? This includes, but is not limited to, any monetary penalties, fines, suspensions, revocations, surrender of a license in connection with a disciplinary action, or voluntary termination of a license.
- No
- Yes If yes, complete the Disciplinary Action Reporting Form.
14. Have you ever had an application for licensure, certification, or registration as a practitioner or instructor **denied** by any (including Virginia) local, state, or national regulatory body?
- No
- Yes If yes, complete the Denial of Licensure Reporting Form.
15. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony** within the last 10 years?
- No
- Yes If yes, complete the Criminal Conviction Reporting Form.
16. By signing 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.
 - 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 (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
 - 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 provisions of Title 54.1, Chapter 7, of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology Regulations, Tattooing Regulations, or Esthetics Regulations*.

Signature _____ Date _____