



**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 \_\_\_\_\_