



Department of Professional and Occupational Regulation

PROPOSED - PENDING APPROVAL

Virginia Board for Barbers and Cosmetology

BODY PIERCER (EAR ONLY) LICENSE APPLICATION

Fee \$75.00

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed [credit card insert](#) must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

 Last (required) First (required) Middle Generation

2. Provide at least **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. Date of Birth _____
MM/DD/YYYY

4. Maiden or Former Name(s) _____

5. Mailing Address (PO Box accepted) _____
 The mailing address will be printed on the license.

City _____ State _____ Zip Code _____

6. 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 _____

7. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

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

9. Have you been **previously** licensed in Virginia as a **Barber, Master Barber, Cosmetology, Body Piercer, Body piercer (Ear Only), Esthetician, Master Esthetician, Nail Technician, Tattooer, Convention Tattooer, Guest Tattooer, Permanent Cosmetic Tattooer, Master Permanent Cosmetic Tattooer or Wax Technician?**

No

Yes If yes, provide your license number and expiration date below.

VA License Number

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Expiration Date _____

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OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		1245	

10. Have you completed a minimum of three hours of **health education** including, but not limited to bloodborne pathogens and first aid and training on a mechanized, pre-sterilized ear-piercing system that penetrates the outer perimeter and/or lobe of the ear including the aftercare of piercing?
- No **IF NO, YOU ARE NOT ELIGIBLE FOR LICENSURE**
- Yes If yes, attach documentation of successful completion of the required health education and training. All health education courses must be completed from a Board approved Education provider listed on the Board's website (www.dpor.virginia.gov/Boards/BarberCosmo/) under the tab section for "Education and Exams".

11. Do you hold a **current** or have you **ever** held a **Body-piercer, or Body-piercer (ear only)** license, certification or registration issued by any state or territory of the United States (excluding Virginia)?
- No
- Yes If yes, complete the following questions.

A. List the following state/jurisdiction where a license, certification or registration has been issued:

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

B. Are you in good standing as a licensed, certified, or registered professional for the states/jurisdictions listed above?

Yes

No If **no**, provide an original Certification of Licensure* (dated within the last 60 days) from each state/jurisdiction where you are **not** in good standing.

- * Certifications of Licensure, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license 4) *the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure;* and 5) *all closed disciplinary actions resulting in a violation or undetermined finding. Certification must be mailed directly to:*

Board for Barbers and Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485

12. Have you ever been subject to a **disciplinary action** taken by **any** (including Virginia) local, state or national regulatory body?
- No
- Yes If yes, complete the [Disciplinary Action Reporting Form](#).
13. Have you ever had an application for licensure, certification or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing **denied** by any (including Virginia) local, state or national regulatory body?
- No
- Yes If yes, complete the [Denial of Licensure Reporting Form](#).

14. A. 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 20 years? *Any plea of nolo contendere shall be considered a conviction.*
No
Yes If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor involving moral turpitude, sexual offense, drug distribution or physical injury** within the last two (2) years? *Any plea of nolo contendere shall be considered a conviction.*
No
Yes If yes, complete the [Criminal Conviction Reporting Form](#).
15. 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 or misdemeanor (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 Body-Piercing Regulations.

Signature _____ Date _____