

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 Post Office Box 29570
 Richmond, VA 23242-0570
 (804) 367-8509
www.dpor.virginia.gov



Virginia Board for Barbers and Cosmetology
BODY PIERCER (EAR ONLY) LICENSE APPLICATION
 Fee \$75.00

APPLICATION FEES ARE NOT REFUNDABLE

A check or money order payable to the **TREASURER OF VIRGINIA**, or a completed credit card payment form (available at <http://www.dpor.virginia.gov/dporweb/creditcard.cfm>) must accompany your application package.

1. Name _____ n/a
 Last First Middle Generation

2. Social Security Number or Virginia DMV Control Number * - -

* 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 _____

4. Maiden Name or Former Surname(s) _____

5. Street Address (PO Box not accepted) _____

City State Zip Code

6. Mailing Address (PO Box accepted) _____

If a mailing address is submitted, the mailing address will be printed on the license. _____

City State Zip Code

7. E-mail Address _____

8. Contact Numbers Primary Telephone _____ Ext _____
 Alternate Telephone _____ Ext _____
 Facsimile _____

9. Do you have a current or expired license issued by the Virginia Board for Barbers and Cosmetology?
 No
 Yes Virginia License Number _____ Expiration Date _____

10. Have you completed a minimum of three hours of health education including, but not limited to blood borne disease 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 ➔ Attach documentation of successful completion of the required health education and training.

11. Are you currently licensed to practice body-piercing or body-piercing ear only in any other state or jurisdiction of the United States?

No

Yes ➔ Attach an original *Certification of Licensure* (dated within the last 60 days) prepared by the state board or licensing body in which you are currently licensed.

FOR OFFICE USE ONLY	DATE	FEE \$75	TRANS CODE 1020	ENTITY #	APPLICATION #	FILE# / LICENSE # 1245	ISSUE DATE
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12. Do you have an expired body-piercing license, certification or registration in any state or jurisdiction within the United States or its territories (excluding Virginia)?

No

Yes List the licenses, certifications and registrations in the following table.

State/Jurisdiction	License, Certification or Registration No.	Expire Date	State/Jurisdiction	License, Certification or Registration No.	Expire Date

13. Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

14. Have you ever been convicted in any jurisdiction of any misdemeanor or felony? *Any guilty plea or plea of nolo contendere must be disclosed on this application.*

No

Yes If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; **and** any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I certify that I will notify the Department if I am subject to a disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia 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 _____