



Virginia Board for Barbers and Cosmetology
LIMITED TERM TATTOOER LICENSE APPLICATION
 Fee \$75.00

LICENSE IS EFFECTIVE FOR ONLY FIVE CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE.

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.

Completed application must include fee and all required documentation. Application is required at least **30 days** prior to the first day of the period in which the limited term tattooer license is requested. Failure to answer all questions, or provide any additional documentation required will result in a delay of processing your application.

1. Name _____

Last
First
Middle
Generation

 2. Provide **one** of the following identification numbers.
 Social Security Number or Virginia DMV Control Number*

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* 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 Name or Former Surname(s) _____

 5. Mailing Address (PO Box accepted) _____
If a mailing address is submitted, 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. Email Address _____

 8. Contact Numbers _____

Primary Telephone
Alternate Telephone
Fax

 9. Scheduled dates of operation in Virginia From: _____ To: _____

MM/DD/YYYY
MM/DD/YYYY
- LICENSE IS EFFECTIVE FOR ONLY FIVE CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE**
10. Where in the Commonwealth will you be utilizing the limited term tattooer license? (List name and location of establishment or convention.)

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		1233	

11. Do you currently hold or have you been previously licensed in Virginia as a Tattooer, Limited Term 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 _____

12. Are you currently licensed to practice tattooing in any other state or jurisdiction of the United States?

No

Yes If 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.

13. Do you hold an expired tattooing license, certification, or registration in any state or jurisdiction within the United States or its territories (excluding Virginia)?

No

Yes If yes, complete the following table.

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

14. Have you ever applied for a limited term tattooer license in Virginia?

No

Yes If yes, when? _____

MM/DD/YYYY

15. Have you completed health education including, but not limited to blood borne disease, sterilization and aseptic techniques related to tattooing, and first aid and CPR that is acceptable to the board?

No **IF NO, YOU ARE NOT ELIGIBLE FOR LICENSURE**

Yes If yes, attach a certificate or official school transcript indicating successful completion of the training program. 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".

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

No

Yes If yes, 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.

17. 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, 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.

18. Have you ever been convicted in any jurisdiction of a *misdemeanor and/or felony*? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.

No

Yes If yes, applicants are required to attach an *original criminal history record** issued by the Virginia State police. Applicants with convictions from other jurisdictions, other than Virginia; must provide an original official criminal history record from each state in which they have convictions. Virginia residents may request complete criminal records from the Virginia State Police at www.vsp.virginia.gov or by phone at 804-674-6718.

* For each conviction, 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; 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 etc.).

19. 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 any 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; Tattooing Regulations.

Signature _____ Date _____

20. Attach a professional passport compliant 2" x 2" color photo taken within the last 6 months to reflect your current appearance. It must meet the following requirements:

- ⇒ sized so that your head is approximately 1 inch from the bottom of the chin to the top of the head
- ⇒ taken in front of a plain white background
- ⇒ be a full-face view, directly facing the camera with a neutral facial expression

