Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8509
www.dpor.virginia.gov



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

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFLINDABLE

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1.	Name				rst					Mide	dle				Generation
2.	Provide <b>one</b> o	f the following	identificat	ti∩n nı	ımhe	rs									
۷.		ecurity Number	or				V Contro	d Num	* her			٦.			
	* State law re	quires every applica	nt for a licen	se, certi	icate, r	egistra	ation or oth	er auth	orizatio					on or o	ccupation issued
	,	monwealth to provide	e a sociai se	curity nu	mber o	r a co	ntroi numb	er issue	ea by tr	ne virgini	а рерапп	nent of IVI	otor venicies.		
3.	Date of Birth	MM/DD/Y	YYY	_											
4.	Maiden Name	or Former Sur	name(s)	_											
5.	Mailing Address (PO Box accepted)														
	If a mailing add	-													
	address will	be printed on the	license.	-	City								State		Zip Code
6.		s (PO Box <u>not</u> IL ADDRESS REC	•	d) _		Chec	k here if St	reet Ad	dress i	s the <u>sar</u>	ne as the	Mailing A	ddress listed a	ibove.	
				-	City								State		Zip Code
7.	Email Address				Oity								Oldio		216 0000
8.	Contact Numb	ers	Primary T	elephor	ıe.			Al	ternate	Telepho	ne			Fax	
9.															
	Do you <u>currently</u> hold or have you been <u>previously</u> licensed in Virginia as a Body Piercer?  No														
	Yes If yes, provide your license number and expiration date below.														
		VA License Nu	·	1130 110			Г			1	_	voiratio	n Data		
10			L	hroo b	ourc	of b	oolth o	lucati	on in	oludin		•	on Date	ad be	orno discosso
10.	Have you completed a minimum of three hours of health education including, but not limited to blood borne disea and first aid and training on a mechanized, pre-sterilized ear-piercing system that penetrates the outer perimeter and														
	lobe of the ear including the aftercare of piercing?														
		IF NO, YOU A		•	_		RLICEN	SUR	E						
	Yes	If yes, attach o	locument	ation	of suc	ces	sful com	pletic	n of	the red	quired h	ealth e	education a	and tr	raining.
11.	,	Yes If yes, attach documentation of successful completion of the required health education and training. The you currently licensed to practice body-piercing or body piercing ear only in any other state or jurisdiction of the state of the your currently licensed to practice body-piercing or body piercing ear only in any other state or jurisdiction of the your currently licensed to practice body-piercing or body piercing ear only in any other state or jurisdiction of the your currently licensed to practice body-piercing or body piercing ear only in any other state or jurisdiction of the your currently licensed to practice body-piercing or body piercing ear only in any other state or jurisdiction of the your currently licensed to practice body-piercing or body piercing ear only in any other state or jurisdiction of the your currently licensed to practice body-piercing ear only in any other state or jurisdiction of the your currently licensed to practice body-piercing ear only in any other state or jurisdiction of the your currently licensed to practice body-piercing ear only in any other state or jurisdiction of the your currently licensed to be a supplied to the your currently licensed to be a supplied to the your currently licensed to be a supplied to the your currently licensed to be a supplied to be a supplie							diction of the						
	United States?	?													
	No	16 11 1				,			, , ,				. \		
		If yes, attach a									n the la	ist 60	days) prep	ared	by the state
		board or licens	siriy budy	III WII	icii y(	Ju di	e currer	iuy ii(	ci 156	cu.					
055105	DATE	FEE	TRANS CO	ODE		ENTIT	Y #				FILE #/LICE	NSE#			ISSUE DATE
OFFICE USE ONLY			102	0				12	245						

12.	States or its territ	expired body-piercing license, certile ories (excluding Virginia)?  yes, complete the following table.	ication or registration in any state or jurisdict	lion within the United							
	_ ,	State/Jurisdiction	License, Certification or Registration Number	Expiration Date							
			,								
13. 14.	Have you ever be body?	een subject to a disciplinary action	taken by <u>any</u> (including Virginia) local, state	or national regulatory							
	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.										
14.	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 <u>denied</u> 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.										
15.	Have you ever been convicted in any jurisdiction of a <i>misdemeanor</i> and/or <i>felony</i> ? Any guilty plea or plea of noto contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the										
	juvenile court system.  No										
	_	ves. applicants are required to attac	ch an <u><i>original criminal history record</i>*</u> issued	by the Virginia State							
	ро	olice. Applicants with convictions from other jurisdictions, other than Virginia; must provide an original									
	rec	<b>3</b>	ach state in which they have convictions. V m the Virginia State Police at <a href="https://www.vsp.virg">www.vsp.virg</a>	0							
*	For each convic agency with law considered with	tion, please provide a certified copy ful authority to issue such order, de	of the final order, decree, or case decision by cree, or case decision; and any other informanthe the status of incarceration, parole or probat	tion you wish to have							
16.	•										
	Signature		Date	e							