



**Virginia Board for Barbers and Cosmetology  
 TRAINING & EXPERIENCE VERIFICATION FORM**

**Instructions:**

- Applicants:* Complete items 1 through 10, obtain the required information with signatures on page 2, and then send this form to PCS at the above address.
- Verifiers:*
- ◆ **Training Verification form** must be signed by a school director or instructor.
  - ◆ **Experience Verification form** must be signed by a supervisor or other individual familiar with the applicant's work\*.
  - \* If you are or have been *self employed*, you must submit a copy of your business license, Federal Tax return or other material to verify your employment during the time period listed on this form.

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

\_\_\_\_\_ Last (required)      \_\_\_\_\_ First (required)      \_\_\_\_\_ Middle      \_\_\_\_\_ Generation

2. Select at least **one** of the following identification numbers\*:

**Social Security Number** and/or

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Virginia DMV Control Number**

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

- Provide 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) \_\_\_\_\_

\_\_\_\_\_ 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. Select **one** license type you are requesting:

<input checked="" type="checkbox"/>	License Type	<input checked="" type="checkbox"/>	License Type	<input checked="" type="checkbox"/>	License Type
<input type="checkbox"/>	Barber	<input type="checkbox"/>	Body Piercing	<input type="checkbox"/>	Tattooing
<input type="checkbox"/>	Cosmetology	<input type="checkbox"/>	Body Piercing Apprenticeship Sponsor	<input type="checkbox"/>	Permanent Cosmetic Tattooing
<input type="checkbox"/>	Nail Technician	<input type="checkbox"/>	Esthetician	<input type="checkbox"/>	Master Permanent Cosmetic Tattooing
<input type="checkbox"/>	Wax Technician	<input type="checkbox"/>	Master Esthetician	<input type="checkbox"/>	Tattooer Apprenticeship Sponsor

10. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



**TRAINING & EXPERIENCE VERIFICATION FORM**

Department of Professional and Occupational Regulation  
Board for Barbers and Cosmetology  
9960 Mayland Drive, Suite 400  
Richmond, Virginia 23233-1485

Applicant's Name \_\_\_\_\_  
Last (required) First (required) Middle Generation

Select at least **one** of the following identification numbers:

*Social Security Number* and/or

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

*Virginia* DMV Control Number

\_\_\_\_

➤ Provide the same identification numbers as entered on page 1, question #2.

**TRAINING VERIFICATION:**

- Name of School \_\_\_\_\_
- Mailing Address (PO Box accepted) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Street Address (PO Box not accepted) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- School's Virginia License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_
- Course of Study \_\_\_\_\_
- Training Hours Completed \_\_\_\_\_ Are transfer hours included?  No  Yes
- Dates Attended From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY
- Director/Instructor Name \_\_\_\_\_  
License Number (if applicable) \_\_\_\_\_
- Director/Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**EXPERIENCE\* VERIFICATION:**

Required only for applicants with less than the required number of training hours or applicants applying for Sponsorship.

- Employer's Name \_\_\_\_\_
- Mailing Address (PO Box accepted) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone
- Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY
- Supervisor/Reference's Name \_\_\_\_\_
- Supervisor/Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_

\* All Tattooers and Body Piercers must have three years of documented work experience within the proceeding five years as a tattooer or body piercer.