

Commonwealth of Virginia
 Department of Professional and Occupational Regulation

PROFESSIONAL CREDENTIAL SERVICES, INC.

Virginia Cosmetology Coordinator
 Via USPS Post Office Box 198768 (USPS)
 Nashville, TN 37219-8768

Via Courier 150 Fourth Avenue North, Suite 800
 Nashville, TN 37219

Toll Free: (888) 822-3272

Fax: (615) 846-0153

E-Mail: vacos@pcshq.com

Website: www.pcshq.com



Virginia Board for Barbers and Cosmetology
 BODY PIERCER EXAMINATION & LICENSE APPLICATION
 Fee \$75.00

Instructions: Complete this form and mail it with a cashier's check, money order, or credit card payment for the full amount of the fee, payable to Professional Credential Services, Inc. at the Professional Credential Services address above. Upon passing the exam, Professional Credential Services, Inc. will send you a FEE NOTICE. Submit the signed FEE NOTICE and license fee to:

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

1. Name _____
 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. Have you ever taken the Body Piercer Examination in Virginia?
 No Month(s)/Year(s) Taken _____
 Yes

10. Do you have a current or expired Virginia Body Piercer License?
 No
 Yes Virginia License Number _____ Expiration Date _____

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE
			1020			1241	

11. Which method are you using to qualify for the examination? Select only ONE.

Training Completed within the Commonwealth of Virginia:

- Completion of an approved body-piercing apprenticeship program in a Virginia licensed body-piercing salon
Required Documentation: A completed *Body-Piercing Apprenticeship Completion Form*

Training Completed outside of the Commonwealth of Virginia, but within the United States and its territories:

- Completion of a body-piercing training or apprenticeship program which is substantially equivalent to the Virginia program.
Required Documentation: A diploma or official school transcript indicating successful completion of the training or apprenticeship program or written verification from the Licensing Board in the state where the training was received
- Completion of a substantially equivalent body-piercing training or apprenticeship program (consisting of less than 1500 hours of training) and five hours of health education (including, but not limited to blood borne disease, sterilization and aseptic techniques related to body-piercing and first aid and CPR).
Required Documentation: A certificate, diploma or other documentation verifying successful completion of the training or apprenticeship and documentation verifying successful completion of the required health education
- Three years of body-piercing work experience within the previous five years and completion of at least five hours of health education (including, but not limited to blood borne disease, sterilization and aseptic techniques related to body piercing and first aid and CPR)
Required Documentation: A completed *Body-Piercing Training & Experience Verification Form* and documentation verifying successful completion of the required health education

12. Do you have a current or 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 _____