



Section B: Verifier (Completed by an individual who can attest to the applicant's experience listed above in Section A.)

1. Verifier's Information:

Name _____

Contact Number _____ Email Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

2. Indicate which of the following best describes your relationship to the applicant: (Select **all** that apply)

☐ Salon/Shop Owner

☐ Salon/Shop Manager/Supervisor

☐ Licensed Professional: ☐ Barber ☐ Master Barber ☐ Cosmetologist ☐ Nail Technician ☐ Wax Technician

License Number _____ State/Jurisdiction _____

☐ Client for self-employed applicant (if requested by the board)

3. In your own words, describe the applicant's work duties (**experience**) for which you have been asked to attest:

- This verification form is used as a means for the Board to verify that an applicant has the experience necessary to become a licensed barber, master barber, cosmetologist, nail technician or wax technician within the Commonwealth of Virginia. Your response is appreciated.

4. Where did the applicant gain this experience described above in question #3?

A. Name of Salon/Shop _____

B. Salon/Shop License No. _____

C. Salon/Shop Address _____

City _____ State _____ Zip Code _____

5. Provide the date(s) of when this experience was obtained: _____

6. I certify, to the best of my knowledge, all information provided on this form is true and accurate. I understand that providing false information may result in the applicant being denied a license or possible disciplinary action brought against them.

Verifier's Signature _____ Date _____