

Department of Professional and Occupational Regulation

Virginia Board for Barbers and Cosmetology TATTOOER/BODY PIERCER- UNIVERSAL LICENSE RECOGNITION APPLICATION

DPOR may require an individual seeking a professional or occupational licensure or government certification pursuant to the Code of Virginia, <u>§54.1-205</u> to pass an examination specific to relevant state laws.

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 REFUNDABLE.

Select one license type you are requesting:

X	Universal License Type	Trans	Fee
	1231 - Tattooer License	1021	\$105.00
	1231 - Unlicensed Tattooer - Universal license by exam	1020	\$105.00
	1239 - Tattooing Instructor	1021	\$125.00
	1239 - Unlicensed Tattooing Instructor - Universal license by exam	1020	\$125.00
	1236 - Permanent Cosmetic Tattooer License	1021	\$105.00
	1236 - Unlicensed Permanent Cosmetic Tattooer - Universal license by exam	1020	\$105.00
	1250 - Permanent Cosmetic Tattooer Instructor License	1021	\$125.00
	1250 - Unlicensed Permanent Cosmetic Tattooer Instructor - Universal license by exam	1020	\$125.00
	1237- Master Permanent Cosmetic Tattooer License	1021	\$105.00
	1237- Unlicensed Master Permanent Cosmetic Tattooer - Universal license by exam	1020	\$105.00
	1250 - Master Permanent Cosmetic Tattooer Instructor License	1021	\$125.00
	1250 - Unlicensed Master Permanent Cosmetic Tattooer Instructor License	1020	\$125.00
	1241 - Body Piercer	1020	\$105.00
	1241 - Unlicensed Body Piercer - Universal license by exam	1020	\$105.00

1. Have you <u>ever</u> held a license and/or certificate issued by the Virginia Department of Professional and Occupational Regulation?

No 🗌 Yes 🗌

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

	Last (required)	First (required)	Middle	Generation					
3.	Provide at least one of the following i	dentification numbers [*] :							
	Social Security Number and/or	-	-						
	DMV Control Number								
	> Enter the same identification number as used on examination, previous applications or licenses on file with the department.								
		nse, certificate, registration or other authorization ecurity number or a control number issued by the		cupation issued					
4.	Date of Birth	_							
5.	Maiden or Former Name(s)								

OFFICE USE ONLY	DATE	FEE	trans code	ENTITY #	FILE #/LICENSE #	ISSUE DATE	
A450-12	31-41ULR-v3				Board for Barbers & Cosmetology/TATT BP - UNI	/ERSAL LIC APP	

6.	The mailing address will be printed on the license.		City			State	Zip Code	
7.			Check here if Street Address is the <u>same</u> as the Mailing Address listed above.					
				City			State	Zip Code
8.	Con	ntact Numbers	Primary Teleph	ione	Alternate T	elephone		
9.	Ema	ail Address			idered a public record and wil	- -	request from a third	party.
10.	Αρρ	licants who hold	a <u>current</u> license/cer		·	·		
	Α.				e or certificate issued by	a regulatory bo	ard or governmer	nt entity?
			If no, skip to question					
		Yes 🗌 I	• •		nse/certificate for at leas	•		
			•		ot qualify for the Unive s <u>Exam & License Appli</u>		• • • •	
			Yes 🗌					
	В.	Did your currer	nt state or your state o	of origin	al licensure/certification	require you to p	ass an examinati	on?
	No If no, you do not qualify for the Universal license. You may apply using the Board's exam and license application or the endorsement application.							
		Yes 🗌 I	lf yes, did that sta	te req	uire you to complete	any education	, training and/o	r experience
		r	requirements to obtair No 🦳 If no, y		cense/certificate? not qualify for the Unive	ersal license. Yo	ou may apply by	endorsement
			•		rd's <u>Exam & License Ap</u> r		• • • •	
			Yes 🗌					
	C.		following table and in possession, or jurisdi		all <u>current</u> and <u>expired</u> the United States.	licenses and/o	r certification iss	ued from any
					nding must be emailed fr			
		each jurisdiction	•••	bcnopi	icensing@dpor.virginia.go	and must be da	ated within the last	60 days from
			State/Jurisdiction	I	License or Certification Number	Did you pass an examination?	Expiration Date	
						Yes 🗌		
						Yes 🗌		
						Yes 🗌		
						Yes 🗌		
						Yes 🗌		
						Yes 🗌		

• Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/ registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal date; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure; and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

- D. Do you have any unresolved complaints or investigations pending against you at the time you submitted this application?
 - No

Yes \Box If yes, please give a brief description of this complaint/pending investigation:

Skip to question #12.

- 11. For applicants who do not hold a current license/certificate:
 - A. Do you work in a state, or jurisdiction of the United States (other than Virginia) that does <u>not regulate</u> your profession?
 - No If no, you do not qualify for the Universal license. You may apply using the Board's Exam & License Application.
 - Yes If yes, have you worked in this profession for a least three years?
 - No If no, you do not qualify for a Universal License at this time. You may apply using the Board's Exam & License Application.
 - Yes 🗌
 - B. Have you ever passed an examination for this profession in any state or territory of the United States?
 - No If no, you **will** be required to take the Virginia examination upon the Board's review of your application. Applicant will be notified by the Board when they are eligible to sit for the examination.

Yes \Box If yes, provide the following information about the examination:

State/Jurisdiction: Date of Examination

Required Documentation: Attach a copy of a certificate or other documentation showing successful completion of the National/Board-approved examination.

C. List all the state or jurisdiction of the United States where you have practiced this profession:

State/Jurisdiction	Profession/Occupation	Dates of Employment*		
		Start (MM/YY)	Finished (MM/YY)	

*Show a minimum of 3 years of employment.

- > Experience Verification Forms are located here: Tattooer & Body Piercer Experience Verification Form
- 12. Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body? This includes but is not limited to any monetary penalties, fines, suspensions, revocations, surrender of a license in connection with a disciplinary action or voluntary termination of a license.
 - No 🗌
 - Yes If yes, complete the Disciplinary Action Reporting Form.

(MM/YYYY)

- 13. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony** within the last 20 years?
 - No [

Yes 🔲 If yes, complete the <u>Criminal Conviction Reporting Form</u>.

- B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>misdemeanor</u> involving moral turpitude, sexual offense, non-marijuana drug distribution or physical injury within the last two (2) years?
 - No 🗌
 - Yes If yes, complete the Criminal Conviction Reporting Form.
- 14. By signing this application, I certify the following statements:
 - I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the Code of Virginia and the Virginia Board for Tattooing Regulations, Body Piercing Regulations as applicable.

Signature	Date
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