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 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, §54.1-205 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:

□ 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 □ 1250 - Unlicensed 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 □ 1250 - Unlicensed Master Permanent Cosmetic Tattooer Instructor License 1020 \$125.00 □ 1241 - Body Piercer 1020 \$105.00				
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		1250 - Unlicensed Master Permanent Cosmetic Tattooer Instructor License	1020	\$125.00
□ 1241 - Unlicensed Body Piercer - Universal license by exam 1020 \$105.00		1241 - Body Piercer	1020	\$105.00
		1241 - Unlicensed Body Piercer - Universal license by exam	1020	\$105.00

1.	Have you eve Regulation?	r held a licens Yes \square	e and/or certif	icate issued by	he V	irgin	ia De	epartr	ment	of F	Profes	siona	al and	l Occupation	ona
2.	Full Legal Nan	ne (As it appea	ars on your gove	ernment issued ID	or oth	er leg	gal do	cume	ntatio	n.)					
	Last (required)		First	required)				Middle						General	tion
3.	Provide at leas	st one of the fo	llowing identifi	cation numbers*											
	Social S	ecurity Number	and/or			7 -] - [
	Virginia	DMV Control Nu	mber												
	Enter the sa	me identification nur	mber as used on exa	amination, previous app	lication	s or lic	censes	on file	with th	ne dep	artment				
				ficate, registration or of umber or a control num										or occupation is	sued
4.	Date of Birth														
		MM/DD/Y	YYY												
5.	Maiden or For	mer Name(s)													
OFFICE	DATE	FEE	TRANS CODE	ENTITY#				FIL	E #/LICE	NSE#				ISSUE DATE	
USE ONLY			1021												

6.	Mailing Address (PC The mailing address printed on the	ress will be	City			State	Zip Code			
7.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED			Check here if Street Address is t						
			City			State	Zip Code			
8.	Contact Numbers	Drimon, Tolon	hana	Alternate T	'alanhana					
9.	Email Address	Primary Teleph	elephone Alternate Telephone							
0.	Ziliali / Idai 666	Email addres	s is cons	sidered a public record and wil	l be disclosed upon	request from a third pa	rty.			
10.	Applicants who hold	l a <u>current</u> license/ce	rtificate	: :						
	A. Do you hold a	current (non-Virginia) licens	se or certificate issued by	a regulatory bo	ard or government	entity?			
		If no, skip to question								
	Yes	•		ense/certificate for at leas	•					
		•		ot qualify for the Univer 's Exam & License Appli						
	B. Did your curre	nt state or your state o	of origii	nal licensure/certification	require you to p	ass an examination	1?			
	No □ Yes □	If no, you do not qualicense application or If yes, did that starequirements to obtain	alify fo the en te rec n this li	r the Universal license. dorsement application. quire you to complete	You may apply	using the Board's	exam and experience			
		using the	ne Boa	rd's Exam & License App	<u>olication</u> or the <u>E</u>	Endorsement Applic	ation.			
	C. Complete the	_	odudo	all current and expired	licenses and/o	r cortification issue	d from any			
		possession, or jurisdi		=	ilicerises ariu/o	i certification issue	u nom any			
		ers and Cosmetology a		anding must be emailed frollicensing@dpor.virginia.gov						
	,	State/Jurisdiction	n	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.	applica No	ation?		laints or investigations pend		·	ubmitted this
		Yes		If yes, please give a br	rief description of this compla	iint/pending invest	igation:	
Skip	to qu	estion #	12.					
11.	For	applicar	nts who	do not hold a current	license/certificate:			
	A.	Do yo profes		in a state, or jurisdict	tion of the United States (o	ther than Virginia) that does <u>not r</u>	<u>regulate</u> your
		No		If no, you do not qua	alify for the Universal licens	se. You may app	ly using the Boa	rd's <u>Exam &</u>
		Yes		•	d in this profession for a leas	•		
					do not qualify for a Universion & License Application.	al License at this	time. You may ap	ply using the
				Yes	Adm & Eloonoo Application.			
	B.	Have y	ou eve	er passed an examination	on for this profession in any s	tate or territory of	the United States	?
		No			quired to take the Virginia will be notified by the Board			•
		Yes		If yes, provide the follo	wing information about the e	examination:		
				State/Jurisdiction:		Date of Ex		
				Required Documentation National/Board-approved e.	: Attach a copy of a certificate or oxamination.	other documentation s	,	ompletion of the
	C.	List all	the sta	ate or jurisdiction of the	United States where you hav			
				State/Jurisdiction	Profession/Occupation		es of yment*	
				Otate/ourisdiction	1 Totossion/ Occupation	Start (MM/YY)	Finished (MM/YY)	
				*Show a	minimum of 3 years of emplo	oyment.		
	D.	An <u>Ex</u> No		ce <i>Verification Form</i> mus Yes	st be complete and submitted	d along with this ap	oplication. Is one	attached?
	>	Experie	nce Ve	erification Forms are loca	ated here: Tattooer & Body	Piercer - Experier	nce Verification Fo	<u>orm</u>
12.	bod lice	y? This	includ nnecti	es but is not limited to on with a disciplinary ac	nary action taken by any (incoming any monetary penalties, for the or voluntary termination thary Action Reporting Form.	ines, suspensions		

13.	A.	Have you ever been convicted or found guilty, regardless of the manner of adjudical United States of any felony within the last 20 years? No	ion, in any jurisdiction of the
		Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>	
	В.	Have you been convicted or found guilty, regardless of the manner of adjudication United States of any <u>misdemeanor</u> involving moral turpitude, sexual offense, non-nephysical injury within the last two (2) years? No No	
		Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>	
14.	By s	igning this application, I certify the following statements:	
	•	 I am aware that submitting false information or omitting pertinent or material inform application will delay processing and may lead to license revocation or denial of lice 	
	•	I will notify the Board of any changes to the information provided in this application requested license, certification, or registration including, but not limited to any discipate felony or misdemeanor (in any jurisdiction).	
	•	I authorize the Department to verify information concerning me or any statement person, or any source the department may contact. I also agree to present ar required or requested by the Department.	
	•	I authorize any federal, state or local government agency, current or former empleusiness 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 proof Title 54.1, Chapter 7, of the Code of Virginia and the Virginia Board for Tattooing Regulations as applicable.	•
		Signature	Date