Commonwealth of Virginia
Department of Professional and Occupational Regulation

Prov Inc.

150 W Civic Center Blvd, Suite 601

Sandy, UT 84070

Telephone: (877) 228-3926 Email: <u>support@provexam.com</u> Website: <u>www.provexam.com</u>



Virginia Board for Barbers and Cosmetology TATTOOER EXAMINATION & LICENSE APPLICATION Fee \$99.00

Instructions: Applicants are encouraged to apply online at https://provexam.com/

- ➤ If you are **unable** to apply online, complete this form and mail this application with a cashier's check, money order, or credit card payment for the full amount of the <u>examination fee</u>, payable to **Prov Inc** and mail to: Prov Inc, 200 West Civic Center Drive, Suite 160, Sandy, UT 84070
- Any applicant who does not pass a reexamination within one year of the initial examination date shall be required to submit a **new application** and **new examination fee**.

1.	Full Legal Nam	ne (As it appe	ars on your gove	ernment issued ID	or othe	er leg	al doc	ume	ntatio	n.)					
	First (required)	(required) Middle Last (required)				Suffix									
2.	Social Se	st <u>one</u> of the fo ecurity Number DMV Control Nu	r and/or	ication numbers*	:] -] - [<u> </u>			
	Enter the sar* State law red	me identification nul	mber as used on ex	amination, previous app tificate, registration or ot umber or a control numl	her aut	horizat	ion to e	engage	e in a b	ousine	ess, tra	ade, pro		or occupation	issued
3.	Date of Birth	MM/DD/Y	YYY												
4.	Maiden or Forr	mer Name(s)													
5.		ss (PO Box ac ng address will be on the license.	• /	City								Sta	ite	Zip Code	
6.	Street Address PHYSICA	S (PO Box <u>not</u> L ADDRESS REG	. ,	Check here if S	treet A	ddress	is the s	same a	as the	Mailir	ng Add	dress lis	sted abo	ove.	
				City								Sta	ite	Zip Code	,
7.	Contact Numb	ers	Primary Telepho			Homo	to Tolow	hono						Гоч	
8.	Email Address			is considered a public			te Telep		osod	upon	rogu	oct fro		Fax	
9.	No 🗌			tion in Virginia?	,16001	u anu	WIII DE	UISCI	OSEU	ироп	requ	G91 II O	iii a UIII	ги рапу.	
OFFICE USE ONLY	DATE	FEE	TRANS CODE 1020	ENTITY#	12	231		FILI	E #/LICE	ENSE #				ISSUE DA	.TE

10.		e you been <i>previously</i> licensed in Virginia as a Tattooer, Limited Term Tattooer, Permanent Cosmetic Tattooer per Permanent Cosmetic Tattooer? D	or								
	Ye	es If yes, provide your license number and expiration date below									
		VA License Number Expiration Date	_								
11.	Whic	ch method are you using to qualify for the examination? Select only ONE .									
	☐ Training Completed within the Commonwealth of Virginia:										
		Completion of a tattooing apprenticeship program in a Virginia licensed tattoo parlor Required Documentation: Attach a completed Apprenticeship Completion Form									
		Completion of a tattooing training program in a Virginia licensed school of tattooing Required Documentation: Attach a completed <u>Training Verification Form</u>									
		Training Completed outside the Commonwealth of Virginia, but within the United States and its territories. Select one of the following:									
		Completion of substantially equivalent tattoo training or apprenticeship program (consisting of a minimum of 1500 hours). Required Documentation: Attach an official school transcript indicating successful completion of the 1500 hours of training or apprenticeship program or written verification from the Licensing Board in the state where the 1500 hours of training were received.									
		Completion of substantially equivalent tattoo training or apprenticeship program (consisting of less than 1500 hou of training) and five hours of board approved health education (including, but not limited to bloodborne diseas sterilization and aseptic techniques related to tattooing and first aid and CPR). ** ** ** ** ** ** ** ** **									
		Three years of tattooing work experience within the previous five years <u>and</u> five hours of board approve health education (including, but not limited to bloodborne disease, sterilization and aseptic technique related to tattooing and first aid and CPR). ** ** ** ** ** ** ** ** **	es								
		All health education courses must be completed from a Board approved Education provider listed on the Board's website (www.dpor.virginia.gov/Boards/BarberCosmo/) under the tab section for "Education and Exams".									
		Previously licensed in Virginia by examination and past the reinstatement period.	•								
		Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology. Previously licensed in Virginia under a grandfathering exemption and past the reinstatement period. Must proviously experience and complete an examination. Required Documentation: Attach a completed Body Piercer/Tattooer - Experience Verification Form.									
		Endorsement applicant required to complete Virginia examination. *Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology.									

12.	territory of the United St	or have you ever held a Tattooer lice ates (excluding Virginia)?	cense, certification or registration	n issued by any state or					
	Yes If yes, complete the following questions. A. List the following state/jurisdiction where a license, certification or registration has been issued:								
	/ί. Ε	State/Jurisdiction	License, Certification or Registration Number	Expiration Date					
		re you in good standing as a licen risdictions listed above? Yes No If no provide an original	sed, certified, or registered pro						
			on where you are <u>not</u> in good sta						
•	registration number; 2) the initia	er of Good Standing, prepared by the state al date of licensure; 3) the expiration date of t ary actions resulting in a violation or undeterminate	he license; 4) the means of obtaining license						
		an be emailed from the regulatory body to the tory body to: Board for Barbers & Cosmetolog							
13.	body? This includes but license in connection with No	oject to a disciplinary action taken by ut is not limited to any monetary pe th a disciplinary action or voluntary ter mplete the Disciplinary Action Reporti	nalties, fines, suspensions, revimination of a license.						
14.	a practitioner or instructattooing by any (includi	used or <u>denied</u> a business, profession ctor in the fields of barbering, cosing Virginia) local, state or national regentlete the Denial of Licensure Report	netology, waxing, nail care, est julatory body?	. •					
15.	A Have you ever bee United States of a conviction.	en convicted or found guilty, regardles any felony within the last 20 years as, complete the <u>Criminal Conviction Ferminal C</u>	ss of the manner of adjudication, ? Any plea of nolo contender						
	United States of a physical injury with No □	en convicted or found guilty, regardles ny <u>misdemeanor</u> involving moral turn nin the last two (2) years? es, complete the <u>Criminal Conviction F</u>	pitude, sexual offense, non-marij						

12.

- 16. 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 desire. 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 Barbers and Cosmetology; Tattooing Regulations.

Signature	Date	

- 17. Attach a professional passport compliant 2" x 2" color photo taken within the last 6 months to reflect your current appearance. It must meet the following requirements:
 - sized so that your head is approximately 1 inch from the bottom of the chin to the top of the head
 - taken in front of a plain white background
 - be a full-face view, directly facing the camera with a neutral facial expression

Attach Photo Here.
Photocopy pictures are
not permitted.