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: www.provexam.com



Department of Professional and Occupational Regulation

Virginia Board for Barbers and Cosmetology PERMANENT COSMETIC 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 examination fee, 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 <u>new application</u> and <u>new examination fee</u>.
- 1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

	Last (required)	First	t (required)				N	liddle							Suffix
2.	Provide at least <u>one</u> o	of the following ident	tification	numbers [*]	:										
	Social Security	Number and/or				-			-						
	<u>Virginia</u> DMV Co	ntrol Number													
	 Enter the same identified 	cation number as used on	examination	, previous app	lication	s or lice	enses o	on file	with th	ne dep	partm	ent.			
		ry applicant for a license, co to provide a social security													occupation issued
3.	Date of Birth	MM/DD/YYYY													
4.	Maiden or Former Na	me(s)													
5.	Mailing Address (PO The mailing addres printed on the lie	ss will be	City										State		Zip Code
6.	Street Address (PO B PHYSICAL ADDR	• •		Check here if S	Street Ad	ddress	is the <u>s</u>	same a	as the	Mailir	ng Ac			above.	
			City										State		Zip Code
7.	Contact Numbers	Primary Telepl	hone		Α	lternat	e Teler	ohone						Fax	
8.	Email Address													-	
		Email addres								upon	req	uest	from a	a third p	arty.
9.	Have you ever taken No Yes If yes, p	the Permanent Cosr provide the following					Ū			en:					

OFFICE	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
USE ONLY		1020	1236			

10.	Have you been previously licensed in Virginia as a Tattooer, Guest Tattooer, Permanent Cosmetic Tattooer or Master
	Permanent Cosmetic Tattooer?

	Yes										
		VA License Number			Τ						Expiration Date
11.	Training	ttooing school Required Documentation: Attac	ommo nt cosr h a comj	onwea metic	alth of tattoc <u>Trainin</u> g	Virgii ving ti <u>Verifi</u>	nia: raini ^{icatio}	ng prog <u>n Form</u>	gram	in a Vi	rginia licensed permanent cosmetic ed States and its territories.
	Co the Co ho ste	ompletion of a 200-hour e Virginia program Required Documentation: Attac ompletion of substantiall ours of training) <u>and</u> five erilization and aseptic teo Required Documentation: Attac	h an offic y equi e hour chniqu h a certii	ivaler ivaler rs of es re	nool trans nt perr health lated t an officia	script in nane nedu o tatt I schoo	ndicati nt c ucati tooir	ng succes osmetic on (inc g and f script, or	ssful col c tatto luding first al other do	mpletion of poing tr g, but i id and (aining (consisting of less than 200 not limited to: bloodborne disease,
 and documentation verifying successful completion of the required health education Three years of permanent cosmetic tattooing work experience within the previous five years and five of health education (including, but not limited to bloodborne disease, sterilization and aseptic tech related to tattooing and first aid and CPR). Required Documentation: Attach a completed Body-Piercer/Tattooer - Experience Verification Form and documentation verifying successful completion of the required health education All health education courses must be completed from a Board approved Education provider listed on the Board's w (www.dpor.virginia.gov/Boards/BarberCosmo/) under the tab section for "Education and Exams". 							sterilization and aseptic techniques				
	Previou	sly licensed in Virginia b	y exan	ninati	ion and	d pas	st the	e reinst	ateme	ent peri	od.
	Previou work ex	ed Documentation: Verification fr sly licensed in Virginia u perience and have comp ed Documentation: Attach a com	inder g	grano a Boa	dfather ard ap	ing e prove	exen ed e	nption a kamina	and p tion.		reinstatement period. Must provide
		ement applicant required ad Documentation: Verification fr			•						
12.	•	a current or have you y state or territory of the If yes, complete the foll	United	l Stat	es (ex					attooer	license, certification or registration
		A. List the followin	ig stat	e/juri:	sdictio	n wh	ere	a licens	se, ce	rtificatio	on or registration has been issued:
		State/Jurisdict	on					, Certific ration N			Expiration Date

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

B. Are you in good standing as a licensed, certified, or registered professional for the states/ jurisdictions listed above?

Yes	
No	\square

- ☐ If <u>no</u>, provide an original Certification of Licensure[•] (dated within the last 60 days) from each state/jurisdiction where you are <u>not</u> in good standing.
- 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; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.); and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

Certification can be **emailed** from the regulatory body to the Board section at <u>bchoplicensing@dpor.virginia.gov</u> or **mailed** from the regulatory body to: Board for Barbers & Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485.

- 13. Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body?
 - No 🗌
 - Yes If yes, complete the Disciplinary Action Reporting Form.
- 14. Have you ever had an application for licensure, certification or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing <u>denied</u> by any (including Virginia) local, state or national regulatory body?

No 🗌

- Yes If yes, complete the <u>Denial of Licensure Reporting Form</u>.
- 15. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u> within the last 20 years? *Any plea of nolo contendere shall be considered a conviction.*
 - No [
 - Yes If yes, complete the Criminal Conviction Reporting Form.
 - B. Have you ever 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.

- 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	
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- 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
 - \Rightarrow taken in front of a plain white background
 - \Rightarrow be a full-face view, directly facing the camera with a neutral facial expression

Attach Photo Here. Photocopy pictures are not permitted.