

PROFESSIONAL CREDENTIAL SERVICES, INC.

Virginia Cosmetology Coordinator

Via USPS Post Office Box 198689 (USPS)

Nashville, TN 37219-8689

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**Virginia Board for Barbers and Cosmetology
TATTOO TRAINING & EXPERIENCE VERIFICATION FORM**

Instructions:

Applicants: Complete items 1 through 10, obtain the required information with signatures on page 2, and then send this form to Professional Credential Services at the address above.

Verifiers:

- ◆ A school director or instructor must complete and sign the Training Verification on page 2.
- ◆ A supervisor or other individual familiar with the applicant's work must complete and sign the Experience Verification on page 2.

1. Name

Last First Middle Generation

2. Social Security Number or Virginia DMV Control Number *

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* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a Social Security Number or a control number issued by the Virginia Department of Motor Vehicles.

3. Date of Birth _____

4. Maiden Name or Former Surname(s) _____

5. Street Address (PO Box not accepted)

City State Zip Code

6. Mailing Address (PO Box accepted)

City State Zip Code

7. E-mail Address _____

8. Contact Numbers

Primary Telephone	_____	Ext	_____
Alternate Telephone	_____	Ext	_____
Facsimile	_____		

9. Check the one type of license you are requesting.

- | | |
|-------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Tattooer | <input type="checkbox"/> Tattooing Instructor |
| <input type="checkbox"/> Permanent Cosmetic Tattooer | <input type="checkbox"/> Permanent Cosmetic Tattooing Instructor |
| <input type="checkbox"/> Master Permanent Cosmetic Tattooer | |
| <input type="checkbox"/> Tattooing Apprenticeship Sponsor | |

10. Signature _____ **Date** _____

FOR OFFICE USE ONLY	DATE	ENTITY #	APPLICATION #	FILE# / LICENSE # 1231	ISSUE DATE
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TRAINING VERIFICATION

Name of School _____

Street Address (PO Box not accepted) _____

_____ City _____ State _____ Zip Code _____

_____ County _____

Mailing Address (PO Box accepted) _____

_____ City _____ State _____ Zip Code _____

Virginia License Number _____

Number of Hours Completed _____

Course of Study _____

Dates Attended From _____ To _____

Director/Instructor Name _____ License No. (if any) _____

Director/Instructor Signature _____ Date _____

EXPERIENCE VERIFICATION

Employer _____

Street Address (PO Box not accepted) _____

_____ City _____ State _____ Zip Code _____

_____ County _____

Mailing Address (PO Box accepted) _____

_____ City _____ State _____ Zip Code _____

Contact Numbers Primary Telephone _____ Ext _____

Alternate Telephone _____ Ext _____

Dates of Employment From _____ To _____

Supervisor/Reference's Name _____

Supervisor/Reference's Signature _____ Date _____