



Via USPS Post Office Box 198768 (USPS)  
 Nashville, TN 37219-8768  
 Via Courier 150 Fourth Avenue North, Suite 800  
 Nashville, TN 37219  
 Toll Free: (888) 822-3272  
 Fax: (615) 846-0153  
 E-Mail: [vacos@pcshq.com](mailto:vacos@pcshq.com)  
 Website: [www.pcshq.com](http://www.pcshq.com)

Virginia Board for Barbers and Cosmetology  
**MASTER PERMANENT COSMETIC TATTOOER  
 EXAMINATION & LICENSE APPLICATION**  
 Fee \$75.00

Instructions: 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 Professional Credential Services, Inc. at the address listed above.

**APPLICATION FEES ARE NOT REFUNDABLE**

⇒ TO BE ELIGIBLE FOR THE MASTER PERMANENT COSMETIC TATTOOING LICENSE EXAMINATION, YOU MUST HAVE COMPLETED MASTER PERMANENT COSMETIC TATTOOING TRAINING THAT IS ACCEPTABLE TO THE BOARD. INFORMATION ON THIS TRAINING SHOULD BE DOCUMENTED ON A *Training & Experience Verification Form*.

1. Name \_\_\_\_\_  
Last First Middle Generation

2. Provide one of the following identification numbers.  
 Social Security Number or  Virginia DMV Control Number\*  -  -

\* 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 \_\_\_\_\_  
MM/DD/YYYY

4. Maiden Name or Former Surname(s) \_\_\_\_\_

5. Mailing Address (PO Box accepted) \_\_\_\_\_  
 If a mailing address is submitted, the mailing address will be printed on the license. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Street Address (PO Box not accepted)  Check here if Street Address is the same as the Mailing Address listed above.  
**PHYSICAL ADDRESS REQUIRED**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Email Address \_\_\_\_\_

8. Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

9. Have you ever taken the Master Permanent Cosmetic Tattooer Examination in Virginia?  
 No   
 Yes  If yes, complete the following:  
 Month & Year of Examination \_\_\_\_\_

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		1237	

10. Do you **currently** hold or have you been **previously** licensed in Virginia as a Tattooer, Limited Term Tattooer, Permanent Cosmetic Tattooer, or Master Permanent Cosmetic Tattooer?

No

Yes  If yes, provide your license number and expiration date below

VA License Number  Expiration Date \_\_\_\_\_

11. Do you hold a **current** or **expired** Tattooer license, certification or registration in any state or jurisdiction within the United States or its territories (excluding Virginia) ?

No

Yes  If yes, complete the following table.

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

12. Have you ever been subject to a disciplinary action taken by **any** (including Virginia) local, state or national regulatory body?

No

Yes  If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

13. 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 **denied** by any (including Virginia) local, state or national regulatory body?

No

Yes  If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

14. Have you ever been convicted in any jurisdiction of a **misdemeanor and/or felony**? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.

No

Yes  **If yes, applicants are required to attach an original criminal history record\* issued by the Virginia State police. Applicants with convictions from other jurisdictions, other than Virginia; must provide an original official criminal history record from each state in which they have convictions. Virginia residents may request complete criminal records from the Virginia State Police at [www.vsp.virginia.gov](http://www.vsp.virginia.gov) or by phone at 804-674-6718.**

\* For each conviction, please provide a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; **and** any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation etc.).

15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I certify that I will notify the Department if I am subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia 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 \_\_\_\_\_

16. 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

