Commonwealth of Virginia

Department of Professional and Occupational Regulation

PROFESSIONAL CREDENTIAL SERVICES, INC.

Virginia Cosmetology Coordinator

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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

					OOING TRAINING ITED ON A <i>Training</i>							THE F	BOARD.
1.	Name Last			First		Middle				Generation			
2.	Provide one	of the followin	g identification	numbers.									
	* State law re		icant for a license, of	certificate, registration	** Control Number  on or other authorization t rol number issued by the \							occupal	tion issued
3.	Date of Birth	MM/D	DD/YYYY										
4.	Maiden Name	e or Former S	urname(s)										
5.	If a mailing add	Mailing Address (PO Box accepted)  If a mailing address is submitted, the mailing address will be printed on the license.											
				City					St	tate		Zip Co	ode
6.		ss (PO Box <u>no</u> Al Address Re	•	Check here i	if Street Address is the <u>sai</u>	<u>me</u> as the	e Mailing	Addres	s liste	ed abo	ve.		
				City					St	tate		Zip Co	ode
7.	Email Addres												
8.	Contact Numl	bers											
9.	Have you even No	If yes, comple	ete the following	ent Cosmetic <sup>-</sup> g:	Alternate Te Tattooer Examinati			?			Fax	ľ.	
		Month & Yea	ar of Examinat	ion									
Office	DATE	FEE	TRANS CODE	ENTITY #	F	FILE #/LIC	ENSE #					ISSUE	DATE

1237

1020

Use

Only

10.	Do you hold a <u>current</u> or <u>expired</u> Virginia Tattooer, Limited Term Tattooer, Permanent Cosmetic Tattooer, or Master Permanent Cosmetic Tattooer License?  No										
	Yes	If yes, provide your lice	ense number	and ex	piration	date b	elow				
		VA License Number							Expiration I	Date	
11.	•	a <u>current</u> or <u>expired</u> or its territories (exclusive of the second of	uding Virginia	a)?	certific	ation	or reç	gistratio	on in any state	or jurisd	liction within the
		State/Jurisdiction License, Certification or Registration Number							ber E	xpiration Date	
									'		
		L									
12.	body?	r been subject to a d	isciplinary a	ction to	aken b	y <u>any</u>	(inclu	ding V	irginia) local, s	tate or na	itional regulatory
	No  Yes	If yes, provide a certiwith lawful authority t	, ,						,	court or re	egulatory agency
13. Have you ever had an application for licensure, certification or registration as a practitioner or instructor in barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing <u>denied</u> by any (including local, state or national regulatory body?  No									cluding Virginia)		
	Yes	If yes, provide a certif lawful authority to issue	e such order,	decree	or cas	e decis	sion.		Š	· ·	3 0 3
14.		er been convicted in a ust be disclosed on t system.							that were adju		
	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 <a href="https://www.vsp.state.va.us">www.vsp.state.va.us</a> or by phone at 804-674-6718.									
*	agency with la considered wi	iction, please provide wful authority to issu- th this application (e.g n of rehabilitation etc.)	e such order g., informatio	, decr	ee, or	case o	decisio	on; <u>and</u>	l any other info	rmation y	ou wish to have
15.	information the subject to any requested lice	igned, certify that the at might affect the deal disciplinary action of the Chapter 7 of the Chapter 2 of th	ecision to ap or convicted ave read, un	prove of a f dersto	this apelony od and	oplicat or mis comp	ion. deme olied v	l certify anor ( vith all	that I will not in any jurisdict the laws of Vir	ify the De ion) prior ginia unde	epartment if I am to receiving the er the provisions
	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

  - be a full-face view, directly facing the camera with a neutral facial expression

Attach Photo Here.
Photocopy pictures are
not permitted.