

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
PROFESSIONAL CREDENTIAL SERVICES, INC.
 Virginia Cosmetology Coordinator
 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
 Website: www.pcshq.com



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

Instructions:

- Applicants:* Complete items 1 through 9, obtain the required information with signatures on page 2, and then send this form to Professional Credential Services at the above address.
- 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. 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) _____

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

Select one license type you are requesting:

<input checked="" type="checkbox"/>	License Type	<input checked="" type="checkbox"/>	License Type	<input checked="" type="checkbox"/>	License Type
<input type="checkbox"/>	Barber	<input type="checkbox"/>	Body Piercing	<input type="checkbox"/>	Tattooing
<input type="checkbox"/>	Cosmetology	<input type="checkbox"/>	Body Piercing Apprenticeship Sponsor	<input type="checkbox"/>	Permanent Cosmetic Tattooing
<input type="checkbox"/>	Nail Technician	<input type="checkbox"/>	Esthetician	<input type="checkbox"/>	Master Permanent Cosmetic Tattooing
<input type="checkbox"/>	Wax Technician	<input type="checkbox"/>	Master Esthetician		

9. Signature _____ Date _____

TRAINING VERIFICATION

1. Name of Applicant _____
2. Provide **one** of the following identification numbers for applicant
 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. Name of School _____
4. Mailing Address (PO Box accepted) _____
City _____ State _____ Zip Code _____
5. 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 _____
6. Virginia School License Number _____
7. Number of Hours Completed _____
8. Course of Study _____
9. Dates Attended From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY
10. Director/Instructor Name _____
License Number (if any) _____
11. Director/Instructor Signature _____ Date _____

EXPERIENCE VERIFICATION

Required only for applicants with less than the required number of training hours.

1. Name of Applicant _____
2. Provide **one** of the following identification numbers for applicant
 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. Employer _____
4. Mailing Address (PO Box accepted) _____
City _____ State _____ Zip Code _____
5. 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 _____
6. Contact Numbers _____
Primary Telephone Alternate Telephone Fax
7. Dates of Employment From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY
8. Supervisor/Reference's Name _____
9. Supervisor/Reference's Signature _____ Date _____