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
   - 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:

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<tr>
<th>X</th>
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<td>Barber</td>
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<td>Body Piercing</td>
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<td>Tattooing</td>
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<td>Cosmetology</td>
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<td>Body Piercing Apprenticeship Sponsor</td>
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<td>Permanent Cosmetic Tattooing</td>
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<td>Nail Technician</td>
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<td>Esthetician</td>
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<td>Master Permanent Cosmetic Tattooing</td>
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<td>Wax Technician</td>
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<td>Master Esthetician</td>
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9. Signature __________________________ Date __________________________
### TRAINING VERIFICATION

1. Name of Applicant

2. Provide one of the following identification numbers for applicant
   - Social Security Number
   - 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. 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: 

10. Director/Instructor Name

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
   - 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. 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: 

8. Supervisor/Reference’s Name

9. Supervisor/Reference’s Signature

   Date