

Commonwealth of Virginia  
Department of Professional and Occupational Regulation  
**PSI Services LLC - Virginia Barber Cosmetology Program**  
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Department of Professional and Occupational Regulation  
**Virginia Board for Barbers and Cosmetology**  
**Barber/Cosmetology -**  
**EXPERIENCE VERIFICATION FORM**

**Barber, Master Barber, Cosmetology, Nail Technician and Wax Technician Only -**  
***Verification of Experience* gained outside the Commonwealth of Virginia**

**Section A** - To be completed by the applicant.

**Section B** - To be completed by one of the individuals listed below who will verify the applicant's work experience.

1. Salon/Shop Owner
2. Salon/Shop Manager/Supervisor
3. Licensed Barber/Master Barber/Cosmetologist/Nail Technician/or Wax Technician
4. Self-Employment \* : \_\_\_\_\_

\* If "self-employment" is chosen, your experience may be reviewed by the Board and this will result in a delay of your application being processed.

**Section A: Applicant**

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_

Last (required)	First (required)	Middle	Generation
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2. Provide **one** of the following identification numbers\*:

**Social Security Number** *and/or* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Virginia** DMV Control Number \_\_\_\_\_

➤ **Enter the same identification number as used on examination, previous applications or licenses on file with the department.**

\* 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. Mailing Address (PO Box accepted) \_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
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4. Contact Numbers \_\_\_\_\_

\_\_\_\_\_

Primary Telephone	Alternate Telephone
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5. Email Address \_\_\_\_\_

Email address is considered a public record and will be disclosed upon request from a third party.

6. Select the License type you are applying for:

<input type="checkbox"/> Barber	<input type="checkbox"/> Master Barber	<input type="checkbox"/> Cosmetology
<input type="checkbox"/> Nail Technician	<input type="checkbox"/> Wax Technician	

7. I, the undersigned, certify that the foregoing answers and statements are true, and that I have not suppressed any information that might affect the Board's decision to approve this application. I also understand that providing false information may result in denial of a license or possible disciplinary action.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B: Verifier** (Completed by an individual who can attest to the applicant's experience listed above in Section A.)

1. Verifier's Information:

Name \_\_\_\_\_  
Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Indicate which of the following best describes your relationship to the applicant: (Select **all** that apply)

- Salon/Shop Owner
- Salon/Shop Manager/Supervisor
- Licensed Professional:  Barber  Master Barber  Cosmetologist  Nail Technician  Wax Technician  
License Number \_\_\_\_\_ State/Jurisdiction \_\_\_\_\_
- Client for self-employed applicant (if requested by the board)

3. In your own words, describe the applicant's work duties (**experience**) for which you have been asked to attest:

➤ This verification form is used as a means for the Board to verify that an applicant has the experience necessary to become a licensed barber, master barber, cosmetologist, nail technician or wax technician within the Commonwealth of Virginia. Your response is appreciated.

4. Where did the applicant gain this experience described above in question #3?

A. Name of Salon/Shop \_\_\_\_\_  
B. Salon/Shop License No. \_\_\_\_\_  
C. Salon/Shop Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Provide the date(s) of when this experience was obtained: \_\_\_\_\_

6. I certify, to the best of my knowledge, all information provided on this form is true and accurate. I understand that providing false information may result in the applicant being denied a license or possible disciplinary action brought against them.

Verifier's Signature \_\_\_\_\_ Date \_\_\_\_\_