

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
PSI Services LLC - Virginia Barber Cosmetology Program
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Virginia Board for Barbers and Cosmetology
MASTER PERMANENT COSMETIC TATTOOER
EXAMINATION & LICENSE APPLICATION
Fee \$86.00

Instructions: Applicants are encouraged to apply online at <https://vacos.useclarus.com/>

- If you are unable to apply online, 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 **PSI Services LLC** at the address listed above.
- Any applicant who does not pass a reexamination within one year of the initial examination date shall be required to submit a **new application** and **new examination fee**.

1. Have you ever held a **Permanent Cosmetic Tattooer** license issued by the Virginia Board for Barbers and Cosmetology?

No If no, **YOU DO NOT QUALIFY** for this license type. Complete the *Permanent Cosmetic Tattooer - Exam and License Application*.

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

Virginia License Number _____ Expiration Date _____

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

 Last (required) First (required) Middle Suffix

3. Provide at least **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.

4. Date of Birth _____
MM/DD/YYYY

4. Maiden or Former Name(s) _____

5. Mailing Address (PO Box accepted) _____
 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. Contact Numbers _____
 Primary Telephone Alternate Telephone

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

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

9. Have you ever taken the Master Permanent Cosmetic Tattooer examination in Virginia?
 No
 Yes If yes, complete the following: Month & Year of Examination _____
10. Have you been **previously** licensed in Virginia as a Tattooer, Guest 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. Which method are you using to qualify for the examination? Select only **ONE**.
- Training Completed within the Commonwealth of Virginia:
 Completion of a master permanent cosmetic tattooing training program in a Virginia licensed master permanent cosmetic tattooing school
Required Documentation: Attach a completed Training Verification Form
- Training Completed outside the Commonwealth of Virginia, but within the United States and its territories.
 Select one of the following:
 Completion of a 200-hour master permanent cosmetic tattooing training program that is substantially equivalent to the Virginia program
Required Documentation: Attach an official school transcript indicating successful completion of 90 hours of training
 Completion of substantially equivalent master permanent cosmetic tattooing training (consisting of less than 200 hours of training) and five hours of health education (including, but not limited to: bloodborne disease, sterilization and aseptic techniques related to tattooing and first aid and CPR).[❖]
Required Documentation: Attach a certificate, an official school transcript, or other documentation verifying successful completion of the training and documentation verifying successful completion of the required health education
 Three years of master permanent cosmetic tattooing work experience within the previous five years and five hours of health education (including, but not limited to bloodborne disease, sterilization and aseptic techniques related to tattooing and first aid and CPR).[❖]
Required Documentation: Attach a completed Body-Piercer/Tattooer - Experience Verification Form and documentation verifying successful completion of the required health education
- ❖ All health education courses must be completed from a Board approved Education provider listed on the Board's website (www.dpor.virginia.gov/Boards/BarberCosmo/) under the tab section for "Education and Exams".
- Previously licensed in Virginia by examination and past the reinstatement period.
Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology.
- Endorsement applicant required to complete Virginia examination.
Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology.
12. Do you hold a current or have you ever held a **Master Permanent Cosmetic Tattooer** license, certification or registration issued by any state or territory of the United States (excluding Virginia)?
 No
 Yes If yes, complete the following questions.

A. List the following state/jurisdiction where a license, certification or registration has been issued:

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

B. Are you in good standing as a licensed, certified, or registered professional for the states/jurisdictions listed above?

Yes

No If **no**, provide an original Certification of Licensure* (dated within the last 60 days) from each state/jurisdiction where you are **not** in good standing.

- * Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.); and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

Certification can be **emailed** from the regulatory body to the Board section at bchoplicensing@dpor.virginia.gov or **mailed** from the regulatory body to: Board for Barbers & Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485.

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

No

Yes If yes, complete the [Disciplinary Action Reporting Form](#).

14. 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, complete the [Denial of Licensure Reporting Form](#).

15. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony** within the last 20 years? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** involving moral turpitude, sexual offense, non-marijuana drug distribution or physical injury within the last two (2) years?

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

16. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may desire. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession 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 _____

17. 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

