



TRAINING & EXPERIENCE VERIFICATION FORM

Department of Professional and Occupational Regulation
Board for Barbers and Cosmetology
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485

Applicant's Name _____
Last (required) First (required) Middle Generation

Select at least **one** of the following identification numbers:

Social Security Number and/or

____ - ____ - _____

Virginia DMV Control Number

> Provide the same identification numbers as entered on page 1, question #2.

TRAINING VERIFICATION:

- Name of School _____
- Mailing Address (PO Box accepted) _____
City _____ State _____ Zip Code _____
- Street Address (PO Box not accepted) _____
City _____ State _____ Zip Code _____
- School's Virginia License Number _____ Expiration Date _____
- Course of Study _____
- Training Hours Completed _____ Are transfer hours included? No Yes
- Dates Attended From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY
- Director/Instructor Name _____
License Number (if applicable) _____
- Director/Instructor Signature _____ Date _____

EXPERIENCE* VERIFICATION:

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

- Employer's Name _____
- Mailing Address (PO Box accepted) _____
City _____ State _____ Zip Code _____
- Contact Numbers _____
Primary Telephone Alternate Telephone
- Dates of Employment From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY
- Supervisor/Reference's Name _____
- Supervisor/Reference's Signature _____ Date _____

* All Tattoos and Body Piercers must have three years of documented work experience within the proceeding five years as a tattooer or body piercer.