Virginia Board for Barbers and Cosmetology
TRAINING & EXPERIENCE VERIFICATION FORM

Instructions:

Applicants: Complete items 1 through 10, obtain the required information with signatures on page 2, and then upload this form to the exam vendors website at the time of application. If you are unable to apply online, send this form to PSI Services LLC at the above address along with your exam application.

Verifiers: • Training Verification form must be signed by a school director or instructor.
• Experience Verification form must be signed by a supervisor or other individual familiar with the applicant’s work*.
* If you are or have been self employed, you must submit a copy of your business license, Federal Tax return or other material to verify your employment during the time period listed on this form.

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

2. 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.

3. Date of Birth

4. Maiden or Former Name(s)

5. Mailing Address (PO Box accepted)

6. Street Address (PO Box not accepted) PHYSICAL ADDRESS REQUIRED
   - Check here if Street Address is the same as the Mailing Address listed above.

7. Contact Numbers

8. Email Address

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

9. License Type

   - Barber
   - Master Barber
   - Cosmetology
   - Nail Technician
   - Wax Technician
   - Body Piercing
   - Body Piercing Apprenticeship Sponsor
   - Esthetician
   - Master Esthetician
   - Tattooer Apprenticeship Sponsor

10. Applicant’s Signature (printed) Date (printed)
Applicant's Name

Last (required)  First (required)  Middle  Generation

Select at least one of the following identification numbers:

- Social Security Number
- Virginia DMV Control Number

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

**TRAINING VERIFICATION:**

1. Name of School

2. Mailing Address (PO Box accepted)

3. Street Address (PO Box not accepted)

4. School's Virginia License Number  Expiration Date

5. Course of Study

6. Training Hours Completed  Are transfer hours included?  No  Yes

7. Dates Attended

8. Director/Instructor Name

9. Director/Instructor Signature

**EXPERIENCE* VERIFICATION:**

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

1. Employer's Name

2. Mailing Address (PO Box accepted)

3. Contact Numbers

4. Dates of Employment

5. Supervisor/Reference's Name

6. Supervisor/Reference's Signature

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