

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
PSI Services LLC - Virginia Barber Cosmetology Program
 P.O. Box 887
 Wheat Ridge, CO 80034
 Telephone No.: 1-855-229-9302
 Email: vacos@psionline.com
 Website: www.pSIONline.com



**Virginia Board for Barbers and Cosmetology
 TRAINING VERIFICATION FORM**

Instructions:

Applicants: Complete all questions below and then obtain the required signature. This form can be uploaded to the exam vendors website at the same time the exam application is submitted. If you are unable to apply online, send this form, along with your exam application to **PSI Services LLC** at the address listed above.

Verifiers: **Training Verification** section must be signed by a school instructor.

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

 Last (required) First (required) Middle Suffix

2. Provide at least **one** of the following identification numbers*:

Social Security Number 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 _____
MM/DD/YYYY

4. Contact Numbers _____
Primary Telephone Alternate Telephone

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

6. Applicant's Signature _____ Date _____

TRAINING VERIFICATION: *Completed and verified by Virginia licensed School Instructor or School Director*

1. Name of School _____

2. Mailing Address (PO Box accepted) _____

City State Zip Code

3. Street Address (PO Box not accepted) _____

City State Zip Code

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 From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

8. Instructor/Director Name _____ Instructor's VA License Number _____

9. Instructor/Director Signature _____ Date _____