

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

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

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. 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 _____