

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 & 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.)

_____ Last (required) _____ First (required) _____ Middle _____ Generation _____

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

Social Security Number and/or

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Virginia DMV Control Number

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➤ 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. Maiden or Former Name(s) _____

5. Mailing Address (PO Box accepted) _____

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 Fax

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

✗	License Type	✗	License Type	✗	License Type
<input type="checkbox"/>	Barber	<input type="checkbox"/>	Body Piercing	<input type="checkbox"/>	Tattooing
<input type="checkbox"/>	Master Barber	<input type="checkbox"/>	Body Piercing Apprenticeship Sponsor	<input type="checkbox"/>	Permanent Cosmetic Tattooing
<input type="checkbox"/>	Cosmetology	<input type="checkbox"/>	Esthetician	<input type="checkbox"/>	Master Permanent Cosmetic Tattooing
<input type="checkbox"/>	Nail Technician	<input type="checkbox"/>	Master Esthetician	<input type="checkbox"/>	Tattooer Apprenticeship Sponsor
<input type="checkbox"/>	Wax Technician				

10. Applicant's Signature _____ Date _____



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 _____
- Physical Address (Location of Employment) _____
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 Tattooers and Body Piercers must have three years of documented work experience within the proceeding five years as a tattooer or body piercer.