Commonwealth of Virginia Department of Professional and Occupational Regulation **Prov Inc.** 150 W Civic Center Blvd, Suite 601 Sandy, UT 84070 Telephone: (877) 228-3926 Email: <u>support@provexam.com</u>

Website: www.provexam.com



Virginia Board for Barbers and Cosmetology TATTOOER EXAMINATION & LICENSE APPLICATION Fee \$99.00

Instructions: Applicants are encouraged to apply online at https://provexam.com/

- If you are unable to apply online, complete this form and mail this application with a cashier's check, money order, or credit card payment for the full amount of the examination fee, payable to Prov Inc and mail to: Prov Inc, 200 West Civic Center Drive, Suite 160, Sandy, UT 84070
- Any applicant who does not pass a reexamination within one year of the initial examination date shall be required to submit a <u>new application</u> and <u>new examination fee</u>.
- 1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

	First (required)	Mid	dle	Last (required)		Suffix		
2.	Provide at least one	of the following iden	tification 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 <u>Virginia</u> Department of Motor Vehicles.							
3.	Date of Birth	MM/DD/YYYY						
4.	Maiden or Former Na	me(s)						
5.	Mailing Address (PO The mailing addre printed on the li	ss will be	City		Ctoto	Zip Code		
6.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED		<u> </u>	if Street Address is the <u>same</u> as the Mailir	State ng Address listed abo			
			City		State	Zip Code		
7.	Contact Numbers							
	Primary Telep		hone	Alternate Telephone		Fax		
8.	Email Address							
		Email addres	s is considered a pul	blic record and will be disclosed upon	request from a thi	rd party.		
9.	Have you ever taken the Tattooer Examination in Virginia?							
	No 🗌							
	Yes 🔲 If yes,	enter Month(s)/Year	(s) taken:					

OFFICE	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
USE			1020		1231	

10. Have you been *previously* licensed in Virginia as a Tattooer, Limited Term Tattooer, Permanent Cosmetic Tattooer or Master Permanent Cosmetic Tattooer?

No 🗌

- Yes D If yes, provide your license number and expiration date below
 - VA License Number

Expiration Date

- 11. Which method are you using to qualify for the examination? Select only ONE.
 - Training Completed within the Commonwealth of Virginia:
 - C Completion of a tattooing apprenticeship program in a Virginia licensed tattoo parlor *Required Documentation:* Attach a completed <u>Apprenticeship Completion Form</u>
 - Completion of a tattooing training program in a Virginia licensed school of tattooing Required Documentation: Attach a completed <u>Training Verification Form</u>
 - Training Completed outside the Commonwealth of Virginia, but within the United States and its territories. Select **one** of the following:
 - Completion of substantially equivalent tattoo training or apprenticeship program (consisting of a minimum of 1500 hours).

Required Documentation: Attach an official school transcript indicating successful completion of the 1500 hours of training or apprenticeship program or written verification from the Licensing Board in the state where the 1500 hours of training were received.

Completion of substantially equivalent tattoo training or apprenticeship program (consisting of less than 1500 hours of training) and five hours of board approved health education (including, but not limited to bloodborne disease, sterilization and aseptic techniques related to tattooing and first aid and CPR).

Required Documentation: Attach a certificate, an official school transcript, or other documentation verifying successful completion of the training or apprenticeship and documentation verifying successful completion of the required health education

Three years of tattooing work experience within the previous five years <u>and</u> five hours of board approved health education (including, but not limited to bloodborne disease, sterilization and aseptic techniques related to tattooing and first aid and CPR).

Required Documentation: Attach a completed <u>Body Piercer/Tattooer - Experience Verification Form</u> and documentation verifying successful completion of the required health education

All health education courses must be completed from a Board approved Education provider listed on the Board's website (www.dpor.virginia.gov/Boards/BarberCosmo/) under the tab section for "Education and Exams".

Previously licensed in Virginia by examination and past the reinstatement period.

Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology.

Previously licensed in Virginia under a grandfathering exemption and past the reinstatement period. Must provide work experience and complete an examination.

Required Documentation: Attach a completed Body Piercer/Tattooer - Experience Verification Form.

Endorsement applicant required to complete Virginia examination.

Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology.

- 12. Do you hold a current or have you ever held a **Tattooer** license, certification or registration issued by any state or territory of the United States (excluding Virginia)?
 - No 🗌
 - Yes \Box If yes, complete the following questions.

Yes 🗌

A. List the following state/jurisdiction where a license, certification or registration has been issued:

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

B. Are you in good standing as a licensed, certified, or registered professional for the states/ jurisdictions listed above?

No If <u>no</u>, provide an original Certification of Licensure (dated within the last 60 days) from each state/jurisdiction where you are **not** in good standing.

 Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/ registration number; 2) the initial date of licensure; 3) the expiration date of the license; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.); and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

Certification can be **emailed** from the regulatory body to the Board section at <u>bchoplicensing@dpor.virginia.gov</u> or **mailed** from the regulatory body to: Board for Barbers & Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485.

- 13. Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body? This includes but is not limited to any monetary penalties, fines, suspensions, revocations, surrender of a license in connection with a disciplinary action or voluntary termination of a license.
 - No 🗌
 - Yes If yes, complete the Disciplinary Action Reporting Form.
- 14. Have you ever been refused or <u>denied</u> a business, professional or occupational license, certification, or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing by any (including Virginia) local, state or national regulatory body?

- Yes If yes, complete the <u>Denial of Licensure Reporting Form</u>.
- 15. A Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u> within the last 20 years? Any plea of nolo contendere shall be considered a conviction.

No 🗌

Yes 🔲 If yes, complete the <u>Criminal Conviction Reporting Form</u>.

- B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>misdemeanor</u> involving moral turpitude, sexual offense, non-marijuana drug distribution or physical injury within the last two (2) years?
 - No 🗌
 - Yes If yes, complete the <u>Criminal Conviction Reporting Form</u>.

No 🗌

- 16. By signing this application, I certify the following statements:
 - I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may desire. I also agree to present any credentials or documents required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the Code of Virginia and the Virginia Board for Barbers and Cosmetology; Tattooing Regulations.

Signature	Date	

- 17. Attach a professional passport compliant 2" x 2" color photo taken within the last 6 months to reflect your current appearance. It must meet the following requirements:
 - ⇒ sized so that your head is approximately 1 inch from the bottom of the chin to the top of the head
 - \Rightarrow taken in front of a plain white background
 - \Rightarrow be a full-face view, directly facing the camera with a neutral facial expression

