

6. Mailing Address (PO Box accepted)
The mailing address will be printed on the license.
- City _____ State _____ Zip Code _____
7. Street Address (PO Box not accepted)
PHYSICAL ADDRESS REQUIRED
- ☐ Check here if Street Address is the same as the Mailing Address listed above.
- City _____ State _____ Zip Code _____
8. Contact Numbers
- Primary Telephone _____ Alternate Telephone _____ Fax _____
9. Email Address
- Email address is considered a public record and will be disclosed upon request from a third party.
10. Are you applying to reinstate a **Body Piercer's, Body Piercer's Ear Only, Tattooing, Permanent Cosmetic Tattooer, or Master Permanent Cosmetic tattooer** license?
- No ☐
- Yes ☐ If yes, attach a certificate or official school transcript indicating successful completion of the health education requirements. 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".
11. Have you ever been subject to a **disciplinary action** taken by any (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](#).
12. Have you ever had an application for licensure, certification or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing **denied** by any (including Virginia) local, state or national regulatory body?
- No ☐
- Yes ☐ If yes, complete the [Denial of Licensure Reporting Form](#).
13. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony** within the last 20 years?
- No ☐
- Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** involving moral turpitude, sexual offense, non-marijuana drug distribution or physical injury within the last two (2) years?
- No ☐
- Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).
14. 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 contact. 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 Regulations, Body-Piercing Regulations, Tattooing Regulations, and Esthetics Regulations*.

Signature _____ Date _____