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 MASTER PERMANENT COSMETIC TATTOOER EXAMINATION & LICENSE APPLICATION

Fee \$86.00

Instructions: Applicants are encouraged to apply online at www.vacos.useclarus.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 <u>examination fee</u>, payable to **PSI Services LLC** at the address listed above.
- Any applicant who does not pass a reexamination within one year of the initial examination date shall be required to submit a **new application** and **new examination fee**.
- □ TO BE ELIGIBLE FOR THE MASTER PERMANENT COSMETIC TATTOOING LICENSE EXAMINATION, YOU MUST HAVE COMPLETED MASTER PERMANENT COSMETIC TATTOOING TRAINING THAT IS ACCEPTABLE TO THE BOARD. INFORMATION ON THIS TRAINING SHOULD BE DOCUMENTED ON A <u>Training & Experience Verification Form</u>.

Full Legal Nan	ne (As it appea	ars on your gove	ernment issued	d ID or oth	er lega	al doc	umen	tation	.)			
Last (required)		First	(required)			M	iddle					Generation
Provide at leas	st <u>one</u> of the fo	llowing identifi	cation number	ers*:								
Social S	ecurity Number	r and/or			-			- [
<u>Virginia</u>	DMV Control Nu	ımber										
* State law re	quires every applica	nt for a license, cert	ificate, registration	n or other au	thorizati	on to e	ngage	in a bu	siness,	trade, p		or occupation issued
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No □ Yes □ If yes, complete the following: Month of the license is completed. The mailing address is considered a license is considere	Provide at least one of the following identification numbers*: Social Security Number and/or	Last (required) Provide at least 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 lice * State law requires every applicant for a license, certificate, registration or other authorization by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security number or a control number issued by the Commonwealth to provide a social security num	Last (required) Provide at least 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 of by the Commonwealth to provide a social security number or a control number issued by the Virginate of Birth MINDDYYYYY Maiden or Former Name(s) Mailing Address (PO Box accepted) The mailing address will be printed on the license. 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10.	•		<u>lly</u> licensed in Viretic Tattooer?	rginia as a Ta	attooer, L	imited Te	m Tatto	ooer, Permaner	nt Cosmetic Tattooer, or
	Yes	If yes, prov	vide your license	number and	expiratio	n date bel	ow		
		VA License	e Number					Expiration D	ate
11.	Have you cor	•	aster permanent					<u>Form</u> .	
12.	•	sued by any	or have you ev state or territory	of the Unite	d States				license, certification or
		A. Lis	t the following st	ate/jurisdiction	n where				ation has been issued:
		State/Jurisdiction				se, Certif stration l	fication or Number	Expiration Date	
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da tha	te of licensure; 3)	the expiration	date of the license	4) the means of	of obtaining	licensure (i.	e. exam,	reciprocity, etc.) a	stration number; 2) the initial and the minimum requirement nding. Certification must be
	,,	DPOR, Boa	rd for Barbers and C	osmetology, 99	160 Maylan	d Drive, Suit	e 400, Rid	chmond, VA 2323	3-1485
13.	Have you even body? No		ect to a <u>disciplir</u> oplete the <u>Discipl</u>				ding Virg	ginia) local, sta	te or national regulatory
14.	barbering, co local, state or No	smetology, national rec	waxing, nail car gulatory body?	re, esthetics	, body-pi	ercing, or			nstructor in the fields of any (including Virginia)
	Yes	If yes, com	plete the <u>Denial</u>	of Licensure	Reportin	g Form.			
15.	United S No	States of any	y <mark>felony</mark> ? Any p	lea of nolo co	ontendere	e shall be	conside	-	in any jurisdiction of the n.
	Yes	□ If yes	s, complete the C	niminal Conv	riction Re	porting FC	<u>)[[]]</u> .		

B.		
٥.	Have you ever been convicted or found guilty, regardless of the manner. United States of any misdemeanor? Any plea of nolo contendere sha	
	Yes If yes, complete the Criminal Conviction Reporting Form.	
By si	igning this application, I certify the following statements: I am aware that submitting false information or omitting pertinent or i	naterial information in connection with this
	application will delay processing and may lead to license revocation of	
•	I will notify the Board of any changes to the information provided requested license, certification, or registration including, but not limite a felony or misdemeanor (in any jurisdiction).	• • • • • • • • • • • • • • • • • • • •
•	I authorize the Department to verify information concerning me or a person, or any source the department may desire. I also agree required or requested by the Department.	• • • • • • • • • • • • • • • • • • • •
•	I authorize any federal, state or local government agency, current business to release information which may be required for a background	• •
•	I have read, understand and complied with all the laws of Virginia relation of Title 54.1, Chapter 7, of the Code of Virginia and the Virginia Boar Regulations.	·
	Signature	Date
Attacl	th a professional passport compliant 2" x 2" color photo taken within arance. It must meet the following requirements:	the last 6 months to reflect your current
	sized so that your head is approximately 1 inch from the bottom of the	ne chin to the top of the head
appea	sized so that your head is approximately 1 inch from the bottom of to taken in front of a plain white background	ne chin to the top of the head
appea	taken in front of a plain white background	·

16.

17.