

**Prov Inc.**

150 W Civic Center Blvd., Suite 601  
Sandy, UT 84070  
Telephone: (877) 228-3926  
Email: [support@provexam.com](mailto:support@provexam.com)  
Website: [www.provexam.com](http://www.provexam.com)



**Virginia Board for Barbers and Cosmetology  
BODY PIERCER/TATTOOER -  
EXPERIENCE VERIFICATION FORM**

**Body Piercing, Tattooer, or Permanent Cosmetic Tattooer only.**

**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/Parlor Owner
2. Salon/Parlor Manager/Supervisor
3. Licensed Body-Piercer or Tattooer
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. Maiden or Former Name(s) \_\_\_\_\_

5. Contact Numbers

\_\_\_\_\_

Primary Telephone                                      Alternate Telephone

6. Email Address \_\_\_\_\_

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

7. Select the License type you are applying for:

<input type="checkbox"/> Tattooer	<input type="checkbox"/> Perm. Cosm. Tattooer (PCT)	<input type="checkbox"/> Body Piercer
<input type="checkbox"/> Tattoo Instructor	<input type="checkbox"/> PCT Instructor	<input type="checkbox"/> BP Sponsor
<input type="checkbox"/> Tattoo Sponsor		

8. 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/Parlor Owner
- Salon/Parlor Manager/Supervisor
- Licensed Professional:  Body Piercer  Tattooer  Perm. Cosmetic Tattooer  Master Perm. Cosm. Tattooer
- 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 body piercer or tattooer 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/Parlor \_\_\_\_\_  
B. Salon/Parlor License No. \_\_\_\_\_  
C. Salon/Parlor 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 \_\_\_\_\_