

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](mailto:vacos@psionline.com)  
 Website: [www.psionline.com](http://www.psionline.com)



**Virginia Board for Barbers and Cosmetology  
 TRAINING VERIFICATION FORM**

**Instructions:**

**Applicants:** Complete all questions below and then obtain the required signature. This form can be uploaded to the exam vendors website at the same time the exam application is submitted. If you are unable to apply online, send this form, along with your exam application to **PSI Services LLC** at the address listed above.

**Verifiers:** **Training Verification** section must be signed by a school instructor.

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** or  **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. Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone

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

6. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TRAINING VERIFICATION:** *Completed and verified by School Instructor*

1. Name of School \_\_\_\_\_

2. Mailing Address (PO Box accepted) \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip Code

3. Street Address (PO Box not accepted) \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip Code

4. School's Virginia License Number 

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 Expiration Date \_\_\_\_\_

5. Course of Study \_\_\_\_\_

6. Training Hours Completed \_\_\_\_\_ Are transfer hours included?  No  Yes

7. Dates Attended From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

8. Instructor Name \_\_\_\_\_ Instructor's VA License Number \_\_\_\_\_

9. Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_