

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**  
**BODY PIERCER**  
**EXAMINATION & LICENSE APPLICATION**  
**Fee \$86.00**

- Instructions:** Applicants are encouraged to apply online at <https://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 examination fee, 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.

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** and/or

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**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. Maiden Name or Former Surname(s) \_\_\_\_\_

5. Mailing Address (PO Box accepted) \_\_\_\_\_  
 The mailing address will be printed on the license.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. 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 \_\_\_\_\_

7. Contact Numbers \_\_\_\_\_  
Primary Telephone                      Alternate Telephone                      Fax

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

9. Have you ever taken the Body Piercer Examination in Virginia?  
 No   
 Yes  If yes, enter Month(s)/Year(s) Taken \_\_\_\_\_

OFFICE USE ONLY	DATE	FEE	TRANS CODE  1020	ENTITY #	FILE #/LICENSE #  1241	ISSUE DATE
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- ◆ Certifications of Licensure; 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 the minimum requirement that were met to qualify for licensure;* and 5) *all closed disciplinary actions resulting in a violation or undetermined finding. Certification must be mailed directly to:*

DPOR, Board for Barbers and Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485

13. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?  
No   
Yes  If yes, complete the [Disciplinary Action Reporting Form](#).
14. 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](#).
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 **felony**? *Any plea of nolo contendere shall be considered a conviction.*  
No   
Yes  If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** (excluding marijuana convictions)?  
No   
Yes  If yes, complete the [Criminal Conviction Reporting Form](#).
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; Body-Piercing 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
- ⇒ taken in front of a plain white background
- ⇒ be a full-face view, directly facing the camera with a neutral facial expression

