Commonwealth of Virginia Department of Professional and Occupational Regulation **PSI Services LLC - Virginia Barber Cosmetology Program**



Department of Professional and Occupational Regulation

Virginia Board for Barbers and Cosmetology TRAINING & EXPERIENCE VERIFICATION FORM

P.O. Box 887 Wheat Ridge, CO 80034 Telephone No.: 1-855-229-9302 Email: vacos@psionline.com Website: www.psionline.com

Instructions:

Verifiers:

- Applicants: Complete items 1 through 10, obtain the required information with signatures on page 2, and then upload this form to the exam vendors website at the time of application. If you are unable to apply online, send this form to **PSI Services LLC** at the above address along with your exam application.
 - Training Verification form must be signed by a school director or instructor.
 - Experience Verification form must be signed by a supervisor or other individual familiar with the applicant's work*.
 - * If you are or have been <u>self employed</u>, you must submit a copy of your business license, Federal Tax return or other material to verify your employment during the time period listed on this form.
- 1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

	Last (required)			First (required)	liddle		Generation			
2.	Provide at least <u>one</u> of the		•	entification numbers [*] : -		-				
	DMV Control	Number								
	* State law requires every app	licant for a l	icens	on examination, previous applications or licenses on e, certificate, registration or other authorization to e urity number or a control number issued by the <u>Virc</u>	ngage	e in a business, trade, profession or oc	cupation issued			
3.	Date of Birth	DD/YYYY								
4.	Maiden or Former Name(s)									
5.	Mailing Address (PO Box accepted)									
				City		State	Zip Code			
6. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed at										
	PHYSICAL ADDRESS F)								
				City		State	Zip Code			
7.	Contact Numbers			·········						
8.	Email Address	Prima	ary le	elephone Alternate Telep	hone	Fax				
		Emai	l add	lress is considered a public record and will be	discl	osed upon request from a third pa	ty.			
×	License Type		×	License Type	×	License Type				
	Barber			Body Piercing		Tattooing				
	Master Barber			Body Piercing Apprenticeship Sponsor		Permanent Cosmetic Tattooing				

- Cosmetology
 Esthetician
 Master Permanent Cosmetic Tattooing

 Nail Technician
 Master Esthetician
 Tattooer Apprenticeship Sponsor

 Wax Technician
 Vax Technician
 Image: Cosmetology
- 10. Applicant's Signature

Date



TRAINING & EXPERIENCE VERIFICATION FORM

Department of Professional and Occupational Regulation Board for Barbers and Cosmetology 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485

Applic	cant's Name								
	Last (required)	First (required)	Middle		Generation				
Selec	t at least one of the following identification	numbers:							
	Social Security Number and/or								
Uirginia DMV Control Number									
	Provide the same identification numbers as entered	on page 1, question #2.							
<u>TR/</u>	AINING VERIFICATION:								
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		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.	Director/Instructor Name								
	License Number (if applicable)								
9.	Director/Instructor Signature			Date					
$ \geq $									
EXF	PERIENCE* VERIFICATION:								
R	equired only for applicants with <u>less than</u> th	e required number of	training hours or applicants ap	plying for <u>S</u>	ponsorship.				
1.	Employer's Name								
0	Mailing Address (PO Box accepted)								
2.	Mailing Address (FO Box accepted)								
		City		State	Zip Code				
		,			p				
3.	Contact Numbers Primary Telep		Alternate Telephone						
4.	Dates of Employment From:	То:							
	M	M/DD/YYYY	MM/DD/YYYY						
5.	Supervisor/Reference's Name								
6.	Supervisor/Reference's Signature			Date					
*	All Tattooers and Body Piercers must have t	hree years of documer	nted work experience within the	proceeding f	ive years as a				
	tattooer or body piercer.				,				