



Department of Professional and Occupational Regulation

TRAINING & EXPERIENCE VERIFICATION FORM

Department of Professional and Occupational Regulation

Board for Barbers and Cosmetology

9960 Mayland Drive, Suite 400

Richmond, Virginia 23233-1485

Applicant's Name

Last (required)

First (required)

Middle

Generation

Select at least **one** of the following identification numbers:

Social Security Number and/or

Virginia DMV Control Number

> Provide the same identification numbers as entered on page 1, question #2.

TRAINING 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 _____

EXPERIENCE* VERIFICATION:

Required only for applicants with less than the required number of training hours or applicants applying for Sponsorship.

- 1. Employer's Name _____
- 2. Mailing Address (PO Box accepted) _____
 City _____ State _____ Zip Code _____
- 3. Contact Numbers _____
Primary Telephone Alternate Telephone
- 4. Dates of Employment From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY
- 5. Supervisor/Reference's Name _____
- 6. Supervisor/Reference's Signature _____ Date _____

* All Tattoos and Body Piercers must have three years of documented work experience within the proceeding five years as a tattooer or body piercer.