



Virginia Board for Barbers and Cosmetology
GUEST PIERCER LICENSE APPLICATION
Fee \$120.00

LICENSE IS EFFECTIVE FOR ONLY 14 CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE.

**A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed credit card insert must be mailed with your application package.
 APPLICATION FEES ARE NOT REFUNDABLE.**

Completed application must include fee and all required documentation. Application is required at least by 5 p.m. est **21 days** prior to the first day of the period in which the guest body-piercer or ear-piercer license is requested. Failure to answer all questions, or provide any additional documentation required will result in a delay of processing your application.

1. Name _____
Last First Middle Suffix

➤ Must attach a legible copy of a government issued photo ID.

2. Provide **one** of the following identification numbers.

Social Security Number

* - -

* 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. Residents of Virginia may not apply for or obtain a Guest Body-Piercer or Guest Ear-Piercer License.

3. Date of Birth _____
MM/DD/YYYY

4. Maiden Name or Former Surname(s) _____

5. Mailing Address (PO Box accepted) _____
 If a mailing address is submitted, the mailing address will be printed on the license.
City State Zip Code

6. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.
PHYSICAL ADDRESS REQUIRED

City State Zip Code

7. Contact Numbers _____
Primary Telephone Alternate Telephone

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

9. Scheduled dates of operation in Virginia From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

LICENSE IS EFFECTIVE FOR ONLY FOURTEEN (14) CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		1253	

16. 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, ear-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](#).
17. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony** within the last 10 years?
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).

18. 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 (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*.

Guest Piercer:

Signature _____ Date _____

Guest Sponsor Salon - Responsible Manager:

Salon Name _____

Salon's Virginia License Number

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 Expiration Date _____

As a member of Responsible Management for the Salon, we certify that we shall be responsible for the acts or omissions of the guest body-piercer or ear-piercer in the performance of the body-piercing or ear-piercing. We also certify that the guest body-piercer or ear-piercer will follow the requirements set forth in subsections A and B of the 18VAC41-60-82 of the Body-Piercing Regulations and they will comply with all Virginia regulations relating to health, sanitation, client qualifications, and standards of practice.

Responsible Manager's (RM) Name _____

RM Signature _____ Date _____