

PROFESSIONAL CREDENTIAL SERVICES, INC.

Virginia Cosmetology Coordinator

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Nashville, TN 37219-8768

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Nashville, TN 37219

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Virginia Board for Barbers and Cosmetology  
TRAINING & EXPERIENCE VERIFICATION FORM

Instructions:

*Applicants:* Complete items 1 through 10, obtain the required information with signatures on page 2, and then send this form to Professional Credential Services at the above address.

*Verifiers:*

- ◆ A school director or instructor must complete and sign the Training Verification on page 2.
- ◆ A supervisor or other individual familiar with the applicant's work must complete and sign the Experience Verification on page 2.

1. Name \_\_\_\_\_  
Last First Middle Generation

2. Provide **one** of the following:

☐ Social Security No. or ☐ Virginia DMV Control No. \*

|  |  |  |   |  |  |   |  |  |  |  |
|--|--|--|---|--|--|---|--|--|--|--|
|  |  |  | - |  |  | - |  |  |  |  |
|--|--|--|---|--|--|---|--|--|--|--|

\* 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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City State Zip Code

6. Street Address (PO Box not accepted) \_\_\_\_\_

PHYSICAL ADDRESS REQUIRED

City State Zip Code

7. E-mail Address \_\_\_\_\_

8. Contact Numbers \_\_\_\_\_

Primary Telephone

Alternate Telephone

Facsimile

Select one license type you are requesting:

| ✗                        | License Type    | ✗                        | License Type                         | ✗                        | License Type                        |
|--------------------------|-----------------|--------------------------|--------------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Barber          | <input type="checkbox"/> | Body Piercing                        | <input type="checkbox"/> | Tattooing                           |
| <input type="checkbox"/> | Cosmetology     | <input type="checkbox"/> | Body Piercing Apprenticeship Sponsor | <input type="checkbox"/> | Permanent Cosmetic Tattooing        |
| <input type="checkbox"/> | Nail Technician | <input type="checkbox"/> | Esthetician                          | <input type="checkbox"/> | Master Permanent Cosmetic Tattooing |
| <input type="checkbox"/> | Wax Technician  | <input type="checkbox"/> | Master Esthetician                   |                          |                                     |

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

### 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. Virginia School License Number \_\_\_\_\_
5. Number of Hours Completed \_\_\_\_\_
6. Course of Study \_\_\_\_\_
7. Dates Attended From \_\_\_\_\_ To \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY
8. Director/Instructor Name \_\_\_\_\_  
License No. (if any) 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|
9. Director/Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

### EXPERIENCE VERIFICATION

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

1. Employer \_\_\_\_\_
2. Mailing Address (PO Box accepted) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Street Address (PO Box not accepted) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Contact Numbers \_\_\_\_\_  
Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_
5. Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY
8. Supervisor/Reference's Name \_\_\_\_\_
9. Supervisor/Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_