



## TATTOO & BODY PIERCING APPRENTICE LICENSE

### Application

*\*You must have completed a minimum 1500 hour curriculum program in a minimum of 1 year to be eligible for this license\**

Please Select One:  Body Piercing Apprentice  Tattoo Apprentice

#### APPLICATION REQUIREMENTS:

- |  |   |
|--|---|
| <input type="checkbox"/> Complete Application              | <input type="checkbox"/> CPR Certification            |
| <input type="checkbox"/> Bloodborne Pathogen Certification | <input type="checkbox"/> Affidavit of Lawful Presence |
| <input type="checkbox"/> First Aid Certification           | <input type="checkbox"/> \$250 License Fee            |

#### PLEASE PRINT CLEARLY OR TYPE:

Applicant Name: \_\_\_\_\_  
First MI Last

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Sex:  Male  Female

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### PROGRAM INFORMATION

Sponsoring Artist: \_\_\_\_\_ Artist License # \_\_\_\_\_

Shop Name: \_\_\_\_\_ Shop License # \_\_\_\_\_

Shop Address: \_\_\_\_\_

**NOTE:** You must be at least eighteen (18) years old to be eligible to receive an apprentice license.

The holder of the apprentice license shall notify OSDH immediately when changing shops or supervising artist by submitting a new apprentice license application to this office. The form shall be filed with this office and approved before the transfer may occur and accumulation of working experience may begin.

The apprentice license must be held for the duration of at least one (1) year before the apprentice license holder is to be eligible to receive a full-time license.

All procedures given by the apprentice license holder must be done under the direct supervision of the sponsoring artist.

**I HEREBY CERTIFY** this application contains no willful misrepresentation or falsification and the information given by me is true and complete to the best of my knowledge and belief

**Applicant**  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sponsor**  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please retain a copy of the completed application for your records.)

#### FOR OSDH USE ONLY

This signature acknowledges that the applicant meets the requirements to be licensed as an artist in the designated category.

**OSDH Staff**  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_