



**Secretary of State
Office of Professional Regulation**

TATTOO AND BODY PIERCING
Verification of Apprenticeship Experience for Tattooist, Body Piercers and Permanent Cosmetic Tattooists

This form is to be completed by the supervisor at the end of an apprenticeship, termination of the supervisor relationship, or at the request of the apprentice.

APPRENTICE INFORMATION

Last Name		First	MI
P.O. Box			
Street/Apt #			
City/State/Zip			
Telephone #			
Date Apprenticeship Began	Date Apprenticeship Ended	Total Number of Hours	

SUPERVISOR INFORMATION

Last Name	First Name	MI	License #
Name of Establishment		Shop License Number	
Physical Address			
City/State/Zip			
Telephone #			
First Issuance Date of Licensure:		# of Years Licensed	
TO BE COMPLETED BY SUPERVISING TATTOOIST AND/OR BODY PIERCER, OR PERMANENT COSMETIC TATTOOIST			

# of hours completed			
Tattooist _____	Body Piercer _____	Tattooist & Body Piercer _____	Permanent Cosmetic Tattooist _____

I hereby certify that _____ has successfully completed the above # of hours in
(Printed Name of Apprentice)

accordance with the approved supervising statement and Administrative Rule 2-3.

Supervising Signature: _____ Date: _____