



**Secretary of State
Office of Professional Regulation**

**TATTOO AND BODY PIERCING
Supervising Statement**

This form is to be completed PRIOR to the start of an apprenticeship. Apprentice hours will not count without an ACTIVE apprentice license from the Office.

Hour Requirement

- Body Piercer – 1,000 hours
- Tattooist - 1,000 hours
- Tattooist and Body Piercer Combination - 2,000 hours
- Permanent Cosmetic Tattooist – 40 hours

In addition to time spent tattooing/piercing clients, accumulated hours shall also cover instruction and competency in the areas of sanitation, sterilization, personal health and hygiene, Rules relating to tattooing and body piercing, dealing with the public, and Vermont law.

APPRENTICE INFORMATION

Last Name		First		MI	
P.O. Box					
Street/Apt #					
City/State/Zip					
Telephone #					
Date Apprenticeship Will Begin			Anticipated Apprenticeship End Date		
Specialty (check all that apply)					
Tattooist _____	Body Piercer _____	Tattooist & Body Piercer _____		Permanent Cosmetic Tattooist _____	

SUPERVISOR INFORMATION, ATTESTATION, AND ACKNOWLEDGEMENTS

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	
<p>TO BE COMPLETED BY SUPERVISING TATTOOIST AND/OR BODY PIERCER, OR PERMANENT COSMETIC TATTOOIST</p>			

ACKNOWLEDGEMENT AND ATTESTATION

I, (printed name of supervisor) _____ acknowledge and agree to the following statements.

- I take full responsibility for the above-listed apprentice.
- I agree to design an apprenticeship plan that can be completed in the two years allocated that meets the requirements for licensure.
- I acknowledge that I am required to complete the Verification of Apprentice form should the supervisor/apprentice relationship end for any reason, at the end of the two years, or at the request of the above-listed apprentice.
- I understand that failure to sign off on hours performed by the apprentice is considered unprofessional conduct.

(Signature of Supervisor)

(Date)