

**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health
Protective Health Services
Consumer Protection Division
1000 NE 10th Street
Oklahoma City, OK 73117-1299
Telephone: (405) 271-5243
FAX: (405) 271-3458

**APPLICATION FOR
GRADUATE APPRENTICE LICENSE**

No person shall be issued a license as a graduate-apprentice unless such person is at least eighteen (18) years of age, has successfully completed the apprentice curriculum program of fifteen hundred (1500) hours, and has successfully completed a bloodborne pathogens certification, first aid certification, CPR certification, passed the skills test given by Career Tech.

Fee: \$250.00

Please print or type:

Name of Applicant:

Address:

Street Location City State Zip

(Area Code) Telephone Number Social Security Number

Have you submitted Application for an apprentice license prior to the Application? Yes _____ No _____

If yes, date of prior Application: ____/____/____. Was license received? Yes _____ No _____

Name of School or College attended: _____ Number of hours completed: _____

Attach Affidavit of hours from the apprenticeship sponsor.

I certify that the information given on this Application by me is true and accurate to the best of my knowledge.

_____/_____/_____

Signature of Applicant Date

State of _____

SS:

County of _____

Before me, the undersigned, a Notary Public in and for said County and State on this _____ day of

_____, personally appeared _____ to me known to be the identical

To be completed by the licensed sponsoring artist supervising the graduate apprentice. This form must accompany the Graduate Apprentice Application and fee. Please read the Body Piercing and Tattooing Regulations carefully before completing this form.

Please print or type:

Date: ____/____/____

Name of Graduate Apprentice to be employed

Name of Licensed Supervising Artist

License #

Name of Shop in which supervision will be given Sponsoring Artist

License #

Street Location City State Zip Area Code/Telephone Number

A maximum of one (1) licensed apprentice and one (1) licensed graduate-apprentice shall be supervised by a licensed sponsoring artist. Supervision date begins upon issuance of license. The sponsoring artist is held responsible for returning the graduate-apprentice license to the Department:

1. Upon graduate-apprentice not being supervised by sponsoring artist for any reason;
2. Upon graduate-apprentice successfully completing one (1) year apprenticeship; or
3. Expiring of graduate-apprentice license.

The sponsoring artist is held responsible for notifying the Department if shop in which supervision of the graduate apprentice is changed for any reason.

I do hereby certify that the above named graduate-apprentice will be under my direct personal supervision at all times. I have read The Body Piercing & Tattooing Regulations pertaining to the apprenticeship program and agree to abide by same. The above information which I have provided is true and accurate to the best of my knowledge.

Signature of Licensed Sponsoring Artist

_____/_____/_____
Date

State of _____

ss:

County of _____

Before me, the undersigned, a Notary Public in and for said County and State on this ____ day of _____, _____, personally appeared _____ to me known to be the identical person(s) who executed the within and foregoing instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.

My Commission Expires: ____/____/____

Notary Public