Creating a State of Health

PROTECTIVE HEALTH SERVICES

Oklahoma State Department of Health
Protective Health Services / Consumer Protection Division
Physical: 1000 NE 10th St., Oklahoma City, OK 73117
Mail: PO Box 268815, Oklahoma City, OK 73126-8815
Telephone: (405) 271-5243 / Fax: (405) 271-3458

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:

☐ Complete Application
☐ Bloodborne Pathogen Certification
☐ First Aid Certification
☐ CPR Certification
☐ Affidavit of Lawful Presence
☐ $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:** _____