

Applicant Name _____

4. a. Male _____ Female _____ b. Date of Birth _____
- c. Proof you are at least 18 years of age: enclose copy of one of the following documents and check the type of document you are enclosing.
- | | |
|------------------------------|--|
| _____ Birth certificate; | _____ Military ID card issued by US DOD; |
| _____ Drivers license; | _____ Valid Passport |
| _____ Tribal ID card; | _____ Resident alien card; or |
| _____ Other (describe) _____ | |
5. Social Security Number _____
(Required by Minnesota Statute. 270.72C, subdivision 4; SSN information does **not** become public information upon issuance of license.)
6. Please circle the address at which you would like to receive mail from MDH. **NOTE:** This address will be disclosed to anyone requesting it, pursuant to Minnesota Statute, section 13.41, subdivision 2.
- Home Other (please indicate) _____

APPLICANT AFFIRMATION:

The information I have provided in this application is true and accurate to the best of my knowledge and belief. I have read and will comply with the requirements of Minnesota Statutes, Chapter 146B. I understand that my temporary license must first be approved and issued before I provide body art services.

Applicant's Signature

Date

PART II: To Be Completed by Supervisor

(Name of Supervising Technician)

(License Number)

(Establishment Name)

(License Number)

(Employment Start Date)

(Business Phone Number)

(Business Address)

SUPERVISOR AFFIRMATION:

I certify that I am a licensed body art technician and that I will supervise this applicant in a licensed establishment. I have read Minnesota Statutes, Chapter 146B. I understand that a temporary technician license expires one (1) year from issuance. I understand that I am responsible for the above applicant until MDH receives my written and signed statement that I wish to cease supervision or until the expiration of the temporary technician license.

Supervisor's Signature

Date