

Body Art Technician License

APPLICATION AND INSTRUCTIONS

MINNESOTA GOVERNMENT DATA PRACTICE ACT NOTICE. This notice is given pursuant to Minnesota Statutes, Sections §13.04, Subd. 2, and §13.41, Subd. 2. The Commissioner of the Minnesota Department of Health (Commissioner) will use information provided in this application to determine if you meet Minnesota Statutes Chapter 146B requirements for licensing. You are not legally required to supply the requested information. However, FAILURE TO PROVIDE INFORMATION OR THE SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION. All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed. "Private" data is data that is not public and is accessible to you. When you become licensed, the application data except social security number becomes public. Information submitted to the Commissioner in this licensing application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, staff of the Attorney General's office; and persons whom they contact including any person to whom the Commissioner must refer the application or parts thereof for verification purposes or for otherwise determining your qualifications, and to persons you designate. In addition, if the matter of your license becomes contested and results in a contested case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.

PLEASE NOTE: As of July 1, 2017 our application process has changed. Please read the instructions below before completing this application.

- Read Minnesota Statutes [Chapter 146B Body Art](#)
- Type or print legibly in black or blue ink.
- Complete all questions. If a question does not apply to your situation, mark "N/A".
- Complete this application, sign and date it. You must send in the original application.
- Enclose proof that you are at least 18 years old.
- Enclose a copy/copies of the certificates of completion showing course title, presenter and date bloodborne pathogen training was completed. You must successfully complete a course or courses covering these four topics within the past year: bloodborne pathogens, prevention of disease transmission, infection control, and aseptic technique. You must complete five hours of training covering those four topics.
- Enclose a log of 200 hours of supervised experience for tattoo technician license applicants.
- Enclose a log of 250 piercings under direct supervision and 250 piercings under indirect supervision for piercing technician license applicants.
- An individual applying for a dual technician license must log 200 hours of tattoo experience and a total of 500 piercings (250 under direct supervision and 250 under indirect supervision).
- Enclose a notarized [affidavit](#) signed by your Minnesota licensed supervisor attesting to your logged hours.
- If you have been licensed or certified in another state or jurisdiction you must request [verification of your credential](#) to be sent to you in a sealed/**unopened envelope**. Please note that only applicants who have been licensed in another state or jurisdiction are required to include this verification of credential form.
- Include a check or money order with the required application fee, payable to "Treasurer, State of Minnesota". Please note that the application fee is prorated for the initial application fee. The fee schedule can be found on page 8 of the application.
- Sign and make a copy of this completed application with supporting documents for your records. **Do not open sealed envelopes** from other states or jurisdictions.

HEALTH OCCUPATIONS PROGRAM

Body Art Licensing

P.O. Box 64882, St. Paul, Minnesota 55164-0882

Telephone: (651) 201-3770

Fax: (651) 201-3839

Email: health.BA@state.mn.us

BODY ART TECHNICIAN APPLICATION

Applicant Information:

Have you held a guest or temporary license in the state of Minnesota? No ___ Yes ___

If yes, provide your Minnesota Temporary Technician or Guest Artist License number: _____

Application for Licensure as (check one) ___ Tattooist ___ Piercer ___ Dual

Are you applying by ___ Supervision ___ Reciprocity (states approved: Oregon, New Mexico, Oklahoma and Missouri)?

Please designate the address to receive correspondence from the Department regarding your license. The address you provide will be public information. (Choose one) Home Employer

Last Name First Name Middle

Home/Work Address City State ZIP

Home/Cell Phone Work Phone

Email Address

Social Security Number* Date of Birth (MM/DD/YYYY)

*(Required by Minnesota Statute. 270C.72, subdivision 4)

- 1. Proof you are at least 18 years of age: enclose a copy of one of the following documents and check the type of document you are enclosing

___ Driver's License ___ Birth Certificate ___ Military ID
___ Passport ___ Tribal ID
___ Other (describe) _____

- 2. Have you ever used another name (including maiden name) under which records may be filed concerning your application, including your education, training or experience? ___ No ___ Yes

If yes, please list name(s) used (first, middle, last) _____

*Look to page 9, *Additional Information Cont.*, to provide required signature

Employment Background:

3. a. Name of establishment where you were supervised: _____
b. Establishment address: _____
Street Address, City, State, Zip, Country
c. Establishment phone number: _____
d. Name of Minnesota licensed supervisor: _____
e. Supervisor's Minnesota license number: _____
If you have more than one supervisor please use page 9
f. Establishment website: _____
g. Establishment hours: _____

4. List all body art work/employment you have had for the last five years. List the most current first. Include all body art work, regardless of employment status. Use *Additional Information* page if necessary.

Employer/ Establishment Name

Street Address

City

State

ZIP

Phone

Email

Employment Start Date – If you are currently working at this location provide mm/dd/yyyy- Current

Employer/ Establishment Name

Street Address

City

State

ZIP

Phone

Email

Employment Start Date – If you are currently working at this location provide mm/dd/yyyy- Current

Employment Background:

5. Enclose a copy/copies of the certificates of completion showing course title, presenter and date training was successfully completed Training must include: bloodborne pathogens, prevention of disease transmission, infection control, and aseptic technique. Five hours of training on these topics is required.

6. Do you hold or have you ever been issued a license, certification or registration as a body art technician issued by a city, county, or other state? ___No ___Yes (this section must be completed if you are applying for a license by reciprocity).
 - a. If yes, please identify the state(s), the current status of the license, the dates(s) of issuance and any identification numbers(s) used in relation to your permit, license or other credential. Use *Additional Information* page if necessary.

State	Current Status	Date of Issuance	ID Number
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State	Current Status	Date of Issuance	ID Number
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7. For each jurisdiction in which you hold or have held a credential as a body art technician, you must submit the form "[Body Art Technician Verification of Credential](#)". Mail the form to the state(s) credentialing board(s) or agency(s) with any required fees, and request that they send the completed form directly to you in an unopened/sealed envelope. This letter should be left sealed/unopened and mailed to our office with your Body Art Technician application. Please note that if you answered "No" to question 6 you are not required to provide a Body Art Technician Verification of Credential form.

8. Are you or have you been the subject of a negative action against you or has your legal authorization to practice body art in this or any other jurisdiction been the subject of discipline? This includes denial of an application, revocation, suspension, restrictions, limitations, conditions, reprimand, or civil penalty? ___No ___Yes
 - a. If you answered yes, explain the reason for the action, action taken, dates, and the jurisdiction in possession of your record. Please enclose a copy of the disciplinary action. Use additional sheet on page 6 if necessary.

Employment Background:

9. Have you been convicted of a felony-level criminal sexual conduct offense? ___ No ___ Yes
- a. If you answered yes, give a statement that includes the crime for which you were convicted, date, names and location of the court and case number. Use page 5 and additional sheets if necessary.

10. Have you ever engaged in any of the following acts or conduct? You must answer “Yes” or “No” to each question.

- | | NO | YES | |
|----|-----|-----|---|
| A. | ___ | ___ | Intentionally submitted false or misleading information to the commissioner of health. |
| B. | ___ | ___ | Failed, with 30 days, to provide information in response to a written request by the commissioner. |
| C. | ___ | ___ | Violated any provision of Minnesota Statutes Chapter 146B |
| D. | ___ | ___ | Failed to perform services with reasonable judgment, skill or safety due to the use of alcohol or drugs, or other physical or mental impairment. |
| E. | ___ | ___ | Aided or abetted another person in violating any provision of Minnesota Statutes Chapter 146B. |
| F. | ___ | ___ | Been or are being disciplined by another jurisdiction, if any of the grounds for the discipline are the same or substantially equivalent to those under Minnesota Statutes Chapter 146B. |
| G. | ___ | ___ | Not cooperated with the commissioner in an investigation conducted under Minnesota Statutes Chapter 146B. |
| H. | ___ | ___ | Advertised in a manner that is false or misleading. |
| I. | ___ | ___ | Engaged in conduct likely to deceive, defraud, or harm the public. |
| J. | ___ | ___ | Demonstrated a willful or careless disregard for the health, welfare, or safety of a client. |
| K. | ___ | ___ | Obtained money, property, or services from a client through the use of undue influence, harassment, duress, deception, or fraud. |
| L. | ___ | ___ | Failed to refer a client to a health care professional for medical evaluation or care when appropriate. |
| M. | ___ | ___ | Been convicted of a felony-level criminal sexual conduct offense. “Conviction” means a plea of guilty, a verdict of guilty by a jury, or a finding of guilt by a court. If yes please attach a statement providing the details. |

BODY ART TECHNICIAN APPLICATION

Hours Logged

Use pages 8 through 9 to log the following information: the 200 required hours for tattooing, the 500 piercings required for piercing; 250 under direct and 250 under indirect supervision. Print as many copies of the pages as necessary and send in with the application once completed.

Date	Full Legal Name of Client	Description of Work	# of Tattoo hrs/ # of Piercing	Supervisor Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BODY ART TECHNICIAN APPLICATION

Hours Logged

Date	Full Legal Name of Client	Description of Work	# of Tattoo hrs/ # of Piercing	Supervisor Signature

Additional Information

Instructions: Use this page as additional space to complete answers from previous page(s) where space was insufficient. Include question number(s) with each answer. If more space is needed, print a duplicate of this page. **Please note: You MUST sign the bottom of the next page to affirm information provided on this application is complete and correct.**

Additional Information

Applicant Affirmation

The information I have provided in this application is true and accurate to the best of my knowledge. I have read and will comply with the requirements of Minnesota Statutes, Chapter 146B. I understand that knowingly making a false statement on this application could be cause for denial, suspension or revocation of licensure. I understand by signing this document, I give MDH the authority to contact any listed supervisor, employer and client submitted for use in verification of credentials.

Signature

Date

BODY ART TECHNICIAN APPLICATION

Body Art Application Fee

*Please note that the fee for your initial Body Art Technician license changes based on the month that you apply for your license.

Fee Schedule

Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Fee	\$245.00	\$227.50	\$420.00	\$402.50	\$385.00	\$367.50	\$350.00	\$332.50	\$314.00	\$297.50	\$280.00	\$262.50

Mail/Courier Drop-off

Mail	Courier Drop-Off Delivery
Minnesota Department of Health Health Occupations Program P.O. Box 64882 St. Paul, MN 55164-0882	Minnesota Department of Health Health Occupations Program 85 E. 7 th Place, Suite 220 St. Paul, MN 55101