



Body Art Temporary Technician License

INSTRUCTIONS AND APPLICATION

In order to become licensed as a temporary body art technician in Minnesota, you must seek out a currently licensed Minnesota Body Artist who is willing to supervise you for your temporary licensure period. Temporary licenses are NOT valid unless the listed supervisor is physically present. The Minnesota Department of Health will be analyzing and may deny any applications for temporary licensure with a supervisor who has listed 2 or more temporary technicians. Supervision is defined as the physical presence of a technician licensed under this chapter while a body art procedure is being performed. Technicians can only be supervised by those they listed in their license application and approved by MDH. Technician interested in supervising a temporary technician must have at least two (2) years of experience as a licensed body art technician (not including temporary license). The fee for a temporary license is \$240.

To obtain a temporary technician license, you must:

- Be 18 years
- of age or older;
- Identify a currently licensed MN Body Artist who in good standing, who will agree to supervise you for your temporary license period;
- Work at a currently licensed MN Body Art Establishment that is in good standing;
- Supply a copy of a current, legal ID showing proof of age;
- Complete the Temporary Technician Body Art License Application (PDF); and
- Pay the fee of \$240 payable to "Treasurer, State of Minnesota."

If you change your supervisor, you must notify us by completing a [Temporary Technician Supervisor Change Application \(PDF\)](#) with the signature of your new supervisor. If your original temporary license has not expired, you do not need to pay an additional fee for this change.

Supervised experience: Applicants issued a temporary license on or after July 1, 2016 must complete the following supervised practice.

- To be licensed as a body art technician - piercer, you must complete 250 piercings under direct supervision and 250 piercings under indirect supervision.
- To be licensed as a body art technician – tattooist, you must complete 200 hours of supervised tattooing (skin time only).

Length of Licensure: Temporary technician licenses are valid for one year. Currently Minnesota Statute allows for two renewal per discipline (piercing, tattoo, dual).

Processing Time: Up to 5-20 business days AFTER application paperwork is considered complete.

Health Occupations Program

Body Art Licensing
PO Box 64882 St. Paul MN 55164-0882
Telephone: (651)201-3770
Fax: (651)201-3839
Email: Health.ba@state.mn.us

Applicant Name: _____

Temporary Technician License Application

MINNESOTA GOVERNMENT DATA PRACTICE ACT NOTICE. This notice is given pursuant to Minnesota Statutes, sections 13.04, subdivision 2, and 13.41, subdivision 2. The Commissioner of the Minnesota Department of Health (Commissioner) will use information you provide in this application to determine if you meet Minnesota Statutes, Chapter 146B requirements for licensure. 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 are data that are not public but are accessible to you. *When you become licensed, the application data (except SSN) 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 determination of your qualifications, and to persons you designate. In addition, if the matter of your license becomes contested and thereby results either 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 READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION.

- Read Minnesota Statutes, [Chapter 146B. Body Art.](#)
- Type or print legibly in blue ink.
- Complete all questions. If a question does not apply to your situation, mark "N/A."
- Complete Part I of this application and sign and date it.
- Have the Licensed Body Art Technician who will be your supervisor complete, sign, and date Part II of this application.
- Enclose proof that you are at least 18 years old.
- Include a check or money order for \$240.00, payable to "Treasurer, State of Minnesota."
- Make a copy of this completed application for your records.

You are **NOT** considered licensed until you receive notice of approval by MDH.

NOTE: A temporary license is valid for ONE year and may only be renewed twice.

PART I: To Be Completed by Applicant

Have you held a guest license in the state of Minnesota? No _____ Yes _____ MN license number _____

Is this a renewal of your Minnesota Body Art Temporary Application? No _____ Yes _____ MN Temp license number _____

Application is for Temporary License as (check one): _____ Tattooist _____ Piercer _____ Dual

BODY ART TEMPORARY TECHNICIAN APPLICATION

Applicant Name: _____

Applicant Information:

Last Name First Name Middle

Home Address City State ZIP

Home/Cell Phone Work Phone

Email Address

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

*(Required by Minnesota Statute. 270.72C, subdivision 4)

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

____ Driver license _____ Birth certificate _____ Military ID card issued by US DOD
____ Tribal ID card _____ Valid passport _____ Resident alien card
____ Other (describe): _____

B. Have you ever used another name under which records may be filed concerning your application, including your education, training or experience? ____ Yes ____ No
If yes, list names(s) used (first, middle, last): _____

C. Please designate with an 'X' the address at which you wish to receive correspondence from the Department regarding your license. This address will be public information (Choose ONE): HOME ____ EMPLOYER ____

D. Name of Establishment where you will be supervised

Business/Establishment Name

Street Address City State ZIP

Business/Establishment E-mail

Business/Establishment Phone

Business/Establishment Website

Business/Establishment Hours

Employment Start Date

BODY ART TEMPORARY TECHNICIAN APPLICATION

Applicant Name: _____

- E. Is action being taken against you or has action ever been taken against you or your legal authorization to perform body art in this or another state either through denial of application, revocation, suspension, restrictions, limitations, conditions, reprimand or any other means? No ____ Yes ____ If yes, please attach a statement regarding the details.
- F. Do you have a physical or mental condition or chemical dependency that could affect your ability to engage in body art with reasonable judgment, skill, or safety? No ____ Yes ____ If yes, please attach a statement regarding the condition.

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

- | | NO | YES | |
|----|-----|-----|--|
| 1 | ___ | ___ | Intentionally submitted false or misleading information to the commissioner of health. |
| 2 | ___ | ___ | Failed, with 30 days, to provide information in response to a written request by the commissioner. |
| 3 | ___ | ___ | Violated any provision of Minnesota Statutes Chapter 146B. |
| 4 | ___ | ___ | Failed to perform services with reasonable judgment, skill or safety due to the use of alcohol or drugs, or other physical or mental impairment. |
| 5 | ___ | ___ | Aided or abetted another person in violating any provision of Minnesota Statutes Chapter 146B. |
| 6 | ___ | ___ | 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 this chapter (Minnesota Statutes Chapter 146B). |
| 7 | ___ | ___ | Not cooperated with the commissioner in an investigation conducted under Minnesota Statutes Chapter 146B. |
| 8 | ___ | ___ | Advertised in a manner that is false or misleading. |
| 9 | ___ | ___ | Engaged in conduct likely to deceive, defraud, or harm the public. |
| 10 | ___ | ___ | Demonstrated a willful or careless disregard for the health, welfare, or safety of a client. |
| 11 | ___ | ___ | Obtained money, property, or services from a client through the use of undue influence, harassment, duress, deception, or fraud. |
| 12 | ___ | ___ | Failed to refer a client to a health care professional for medical evaluation or care when appropriate. |
| 13 | ___ | ___ | 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 guilty by a court. If yes please attach a statement providing the details. |

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 be approved and issued before I may provide body art services in Minnesota. I understand that knowingly making a false statement on this application will be cause for denial, suspension or revocation of certification. I understand by signing this document, I give MDH authority to contact any listed supervisor, employer and client submitted for use in verification of credentials.

Applicant's Signature

Date

Applicant Name: _____

PART II: To Be Completed by Supervisor

Supervisor's Information:

Supervising Technician Name

Supervisor's MN License Number

Establishment Name
Number

Establishment License

Establishment Street Address

City

State

ZIP

Business/Establishment E-mail

Establishment Phone

Supervisor's Employment Start Date (MM/DD/YYYY)

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

Note to applicant: Each licensed technician who supervises you must complete and sign Part II of this application. Make additional copies as necessary. If you change supervisors or add a new supervisor, complete, sign and send a new Supervisor Affirmation page and include your temporary license number.

