



4. 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

5. Name of Establishment where you will be supervised \_\_\_\_\_

Establishment address \_\_\_\_\_  
(Street address) (City) (State) (Zip Code) (County)

Establishment phone number \_\_\_\_\_  
(Area code) (Number)

Employment start date (MM/DD/YY) \_\_\_\_\_

Establishment website \_\_\_\_\_

Establishment hours \_\_\_\_\_

**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

**PART II: To Be Completed by Supervisor**

\_\_\_\_\_  
(Supervising Technician Name) PRINT

\_\_\_\_\_  
(Supervisor's MN License Number)

\_\_\_\_\_  
(MN Establishment License Number)

\_\_\_\_\_  
(Establishment Name)

\_\_\_\_\_  
(Establishment / Business Address) (City) (State) (Zip) (County)

\_\_\_\_\_  
(Establishment Phone Number)

\_\_\_\_\_  
(Supervisor's Employment Start Date at this establishment) MM/DD/YY

\_\_\_\_\_  
(Date Supervision Starts) MM/DD/YY

**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.