

Health Occupations Program
Attn: Body Art Licensing
P.O. Box 64882
St. Paul, MN 55164-0882
651-201-3770
Health.BA@state.mn.us

For office use on	ly
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(rev.110716)

## Minnesota Body Art Temporary Technician Supervisor Change

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 <a href="https://www.revisor.mn.gov/statutes/?id=146B">https://www.revisor.mn.gov/statutes/?id=146B</a>.
- Type or print legibly in blue ink.

Other (describe):

- 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 a copy of proof identity. (State ID, Driver's license, Military ID, etc.)

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

NOTE: Your license may be denied if notice of change is not submitted within 30 days of supervisor change.

## PART I: To Be Completed by Applicant

Application is for Temporary License	e as (check one) □ Tattooist □	Piercer □ Dual			
Applicant's Information:					
L. Name					
(Last name)	(First name)		(Middle name)		
2. a. Home Address					
(Street Address, PO Bo	ox is not acceptable as home address)				
(City)	(State)		(Zip Code)		
b. Home Phone	Cell P	hone			
(Area code) (Number)		(Area code)	(Number)		
c. Email Address					
3. a. Male $\square$ Female $\square$	b. Da	te of Birth			
c. You must enclose copy of one of the foll	owing documents as proof of identity.				
Driver license Birth co	ertificate Military ID card	Military ID card issued by US DOD			
Tribal ID card Valid p					

4. Please designate with an 'X" the address at which you w public information (Choose ONE): HOME $\Box$ EMPLOYER		ce from the D	Department re	garding your lic	cense. This address will be
5. Name of Establishment where you will be supervised					
Establishment address					
(Street address)	(City)	(State)	(Zip Code)		(County)
Establishment phone number					
, , ,	Number)				
Employment start date (MM/DD/YY)					
Establishment website					
Establishment hours					
	APPLICANT AFFIRMA	TION:			
The information I have provided in this application is true a requirements of Minnesota Statutes, Chapter 146B. I under services in Minnesota. I understand that knowingly making certification. I understand by signing this document, I give N verification of credentials.	stand that my temporary lic a false statement on this app	ense must be olication will	e approved and be cause for d	d issued before enial, suspensi	e I may provide body art on or revocation of
Applicant's Signature	Date				
PART	II: To Be Completed	by Super	visor		
(Supervising Technician Name)	PRINT				
,					
(Supervisors MN License Number)	(MN Establishment Licer	nse 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 AFFIRM	ATION:			
I certify that I am a licensed body art technician and that I v 146B. I understand that a temporary technician license exp MDH receives my written and signed statement that I wish	ires one (1) year from issuan	ce. I underst	and that I am I	responsible for	the above applicant until
Supervisor's Signature	Date				
Note to applicant: Each licensed technician who supervises	you must complete and sign	Part II of thi	s application.		

Applicant Name \_\_\_\_\_

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