



Body Art License Application INITIAL

Department of Health and Human Services
Office of Professional Licensing
121 South Fruit Street
Concord, NH 03301
603-271-9254

FOR DEPARTMENT USE ONLY

Body Art Fee: _____

Payment Type: _____

Check or Money Order #: _____

Effective Dates: _____

License Number: _____

Please check the type of license you are applying for:

Apprenticeship Practitioner

Please check which classification(s) you are applying for:

Tattooing Body Piercing Branding

The Body Art Fees are as follows:

- \$55.00 for an Initial Practitioner
- \$55.00 for an Initial Apprentice

Make checks payable to: Treasurer, State of NH

Last Name		First Name		Middle Initial	
Date of Birth	/ /	Daytime Phone	() -	E-Mail Address (optional)	
Home Mailing Address		City		State	Zip
Physical Address (if different from mailing address)		City		State	Zip
Place of Employment	Address	City		State	Zip
					Phone Number
					() -

APPRENTICE APPLICANTS ONLY:

Name of Supervising Licensee	Supervisor's Phone Number
	() -

"By my signature I attest full compliance with RSA 314-A and all corresponding New Hampshire regulations and that the information and documentation provided is accurate to the best of my knowledge. I understand that knowingly providing false information may be grounds for denial, suspension, and or revocation of a license."

DATE _____

SIGNATURE _____

Documentation to be Submitted with Application for INITIAL Practitioner License in Body Art

1. A recent photograph of yourself - 2" x 2" passport photo.
Please note that a photocopy of a photo or your driver's license WILL NOT be accepted.
2. Documentation of hepatitis B virus vaccination status in accordance with He-P 1101.04 (b)(4).
3. The license application fee(s) in accordance with He-P 1101.08. Make checks payable to: Treasurer, State of NH.
4. Documentation of the completion of a course in sterilization.

FOR N.H. LICENSED APPRENTICES APPLYING FOR PRACTITIONER LICENSE:

5. Items 1 through 4 above.
6. A statement signed by your supervising licensee certifying that the apprenticeship requirements described in He-P 1101.06 have been met.

FOR PERSONS FROM OUT OF STATE APPLYING FOR PRACTITIONER LICENSE:

7. Items 1 through 4 above.
8. Either
 - A. Copies of your out-of-state body art license(s) that show you have been licensed for at least three years; OR
 - B. For an out-of-state applicant from another state that does not require licensure, you must include proof of at least three years of experience practicing the body art classification in which you are seeking licensure, as verified by the following information:
 1. The name, address, and phone number of the place(s) of employment;
 2. The months and years worked;
 3. Copies of business records, tax returns, or pay stubs providing proof of at least 1500 hours of employment per year;
 4. The owner's or manager's name and phone number;
 5. A signed statement from the owner or manager verifying the employment history; and
 6. A signed statement from a state official affirming that the state does not require licensure for the practice of body art.

APPRENTICESHIP LICENSE

9. Items 1 through 4 above.
10. A statement signed and dated by the supervising licensed practitioner that you are going to be working under in accordance with He-P 1101.05 (b)(4)c. **NOTE THAT THE SUPERVISOR MUST BE LICENSED FOR AT LEAST 3 YEARS.**
11. A photocopy of the NH Body Art Practitioner license of the supervisor.

The applicant shall mail the application and the documents to:

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