

	<p align="center"> Health Occupations Program PO Box 64882 Saint Paul, MN 55164-0882 (651) 201-3731 TDD: (651) 201-5797 </p>	<p align="center"> For office use only (rev.070110) </p>
<h2 style="margin: 0;">Guest Artist License Application</h2>		

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 is data that is not public and is 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.

INSTRUCTIONS: Return the completed application and a check in the amount of \$55 and payable to "Treasurer, State of Minnesota" to the address in the box in the upper part of this page. You are **NOT** considered licensed until you receive notice of approval by MDH. **NOTE:** A Guest Artist license is valid for **UP TO 30 DAYS IN ANY ONE-YEAR PERIOD AND IS NOT RENEWABLE.** Guest artists who exceed 30 days in a one-year period must apply for a technician license.

Please type or print legibly in black or blue ink (pencil is not acceptable)

PART I: To Be Completed by Applicant

Application is for Guest Artist License as (check one only): Tattooist; Piercer; Dual

General Information:

1. Name _____
(Last) (First) (Middle)

2. 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.

3. a. Addresses (PO Boxes are not acceptable as address.):
Home Address _____

(City) (State) (Zip) (County)

b. Local Address _____

(City) (State) (Zip) (County)

c. Please circle the address at which you would like to receive mail from MDH. **NOTE:** This address will be disclosed to anyone requesting it, pursuant to Minnesota Statute, section 13.41, subdivision 2.
Home Local Other (please indicate) _____

Applicant Name _____

4. Telephone numbers with area codes: _____
5. E-mail Address(es) _____
6. a. Male _____ Female _____ b. Date of Birth _____
- c. Proof you are at least 18 years of age: enclose copy of one of the following documents and check the type of document you are enclosing.
 _____ Birth certificate; _____ Military ID card issued by US DOD;
 _____ Drivers license; _____ Valid Passport
 _____ Tribal ID card; _____ Resident alien card; or
 _____ Other (describe)_____
7. Social Security Number _____
 (Required by Minnesota Statute. 270.72C, subdivision 4; SSNs do not become public upon issuance of license.)
8. Training: Provide copies of certificates of completion showing course title, presenter and date completed for each of the following courses:
 - a. Bloodborne pathogen: Date taken: _____
 - b. Prevention of disease transmission: Date taken: _____
 - c. Infection control: Date taken: _____
 - d. Aseptic technique: Date taken: _____

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 Guest Artist license must first be approved and issued before I provide body art services.

 Applicant's Signature Date

PART II: To Be Completed by Sponsoring Technician

_____ (Name of Supervising Technician)	_____ (License Number)
_____ (Establishment Name)	_____ (License Number)
_____ (Employment Start Date)	_____ (Establishment Phone Number)
_____ (Establishment Address)	

SPONSOR AFFIRMATION:

I certify that I am a licensed body art technician and that I will sponsor this applicant in a licensed establishment. I have read Minnesota Statutes, Chapter 146B. I understand that a Guest Artist cannot work for more than 30 days in a one-year period without applying for a technician license. I understand that I am responsible for the above applicant until MDH receives my written and signed statement that I wish to cease sponsorship or until the expiration of the Guest Artist license.

 Sponsor's Signature Date