



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
REGISTRATION OF SUPERVISORY RELATIONSHIP

OFFICE OF TATTOOING, BODY PIERCING AND BRANDING
 3605 MISSOURI BOULEVARD
 JEFFERSON CITY MO 65109
 TELEPHONE: 573-526-8288
 FAX: 573-526-3489

I hereby certify that I am a licensed tattooist, body piercer and/or brander meeting the required qualifications for a supervisor as promulgated by the Division of Professional Registration/Office of Tattooing, Body Piercing and Branding in 20 CSR 2267-2.010(1)(c). I agree to supervise the practitioner named on this form. I understand that I am responsible for the training, guidance and direct supervision of the practitioner as outlined in 20 CSR 2267-2.010(1)(c). I further understand that I am to notify the Office within ten (10) days of termination of the supervisory relationship.

SUPERVISOR NAME (TYPED OR PRINTED)	SUPERVISOR LICENSE NUMBER
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NAME OF ESTABLISHMENT

ESTABLISHMENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

SUPERVISOR'S SOCIAL SECURITY NUMBER	TYPE OF APPRENTICESHIP (TATTOOING, BODY PIERCING AND/OR BRANDING)	ESTABLISHMENT LICENSE NUMBER
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SUPERVISOR'S SIGNATURE	DATE
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NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

NAME OF SUPERVISEE (FIRST, MIDDLE INITIAL, LAST - TYPED OR PRINTED)

SUPERVISEE HOME MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)

SUPERVISEE'S TELEPHONE NUMBER	SUPERVISEE'S SOCIAL SECURITY NUMBER	DATE
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SUPERVISEE'S SIGNATURE

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.
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