Instructions for filing an Application as Tattooist/ Body Piercer and/or Brander

To apply for licensure as a Tattooist/ Body Piercer and/or Brander in the State of Missouri you will to submit the **application** (must be LEGIBLE printed and notarized) along with the **application fee** (if sending a money order you MUST complete and sign the money order in its entirety). Failure to do so will delay the application.

You may apply for licensure by

- Apprenticeship **OR**
- Proof of Completion of Course of Study **OR**
- Supervisor Statement **OR**
- Reciprocity

All applicants (regardless of how they are applying) must submit:

1. Verification of completion of **first aid** and **cardiopulmonary resuscitation (CPR)**
2. Verification of completion of a **bloodborne pathogen training program** (or equivalent)
    a. includes infectious disease control; waste disposal; handwashing techniques; sterilization equipment operation and methods; and sanitization, disinfection, and sterilization methods and techniques (Example: "Preventing Disease Transmission" (American Red Cross) and "Bloodborne Pathogen Training" (U.S. OSHA))

In addition to # 1 and #2, Individuals applying for licensure by **Apprenticeship** must submit:

1. Licensed Practitioner Certification of Apprenticeship
2. Certification of Apprenticeship (this must document 50 procedures and 300 hours)

In addition to #1 and # 2, Individuals applying for licensure by **Proof of Completion of Course of Study** must submit:

1. Verification of successful completion of a course of study in tattooing, body piercing, and/or branding in a school licensed or accredited as a school by any state or federal agency. The course of study must have been completed in the same practice area that the applicant has applied for a license.
    a. Official transcript demonstrating compliance with requirements of this section.
    b. Proof of practical experience that includes at least 25 procedures

In addition to #1 and # 2, Individuals applying for licensure by **Supervisor Statement** must submit (Within the last 7 years, 3 years of one of the following):

1. Affidavits from prior employer(s) or supervisor; **OR**
2. W-2 or 1099 forms; **OR**
3. Tax returns verifying occupational status

Please refer to the Practitioner Requirements at http://pr.mo.gov/tattooing-forms-for-licensure.asp for further information.

MEMORANDUM

TO: Applicants

FROM: Vanessa Beauchamp
Executive Director

RE: Practitioner Requirements

All individuals applying for a practitioner license are required to submit proof of the following:

1) A bloodborne pathogen training program (or equivalent) which includes infectious disease control; waste disposal; handwashing techniques; sterilization equipment operation and methods; and sanitization, disinfection, and sterilization methods and techniques (Example: "Preventing Disease Transmission" (American Red Cross) and "Bloodborne Pathogen Training" (U.S. OSHA)); and

2) First aid and cardiopulmonary resuscitation (CPR); and

3) An apprenticeship, which shall include at least three hundred (300) documented hours of practical experience that includes at a minimum of fifty (50) completed procedures in each area that the applicant has filed an application for licensure. The documented work shall be certified and supervised by a currently licensed Missouri practitioner or by a practitioner who is licensed to practice tattooing, body piercing, and/or branding in another state, territory, or commonwealth whose requirements for licensure are substantially equivalent to the requirements for licensure in Missouri. The supervising practitioner shall be present during the entire procedure and shall be licensed in the same field of practice in which the applicant has filed a license application; or

4) In lieu of an apprenticeship, an applicant may submit proof that he/she has successfully completed a course of study in tattooing, body piercing, and/or branding in a school licensed or accredited as a school by any state or federal agency. The course of study must have been completed in the same practice area that the applicant has applied for a license.
    A. The course of study shall consist of at least three hundred (300) documented hours of instruction and/or training which shall include, at a minimum, instruction in sanitation, equipment handling, disease control, skin treatment and/or skin infections, design and/or artistry, and clinical practice. Applicants shall submit an official transcript demonstrating compliance with the requirements of this section. Official transcripts must be mailed directly to the Division by the school.
    B. A person applying under this subsection shall also submit proof of practical experience that includes at least twenty-five (25) completed procedures in the same field that the applicant has applied for licensure. For purposes of this subsection, proof of practical experience may be certified to by a school which meets the

requirements of this rule or by any person licensed to practice tattooing, branding, or body piercing in another state, territory, or commonwealth; or

5) Alternatively, and in lieu of an apprenticeship, an applicant may submit proof or other evidence which verifies that he/she has, within the last seven (7) years, practiced for a minimum of three (3) years in the same practice area that the applicant has applied for licensure. Sufficient proof or evidence may include, but is not limited to:
    A. Affidavits from prior employer(s) or supervisors;
    B. W-2 or 1099 forms; or
    C. Tax returns verifying occupational status.

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR PRACTITIONER'S LICENSE

OFFICE OF TATTOOING, BODY PIERCING AND BRANDING
PO BOX 1335
JEFFERSON CITY, MO 65102-1335
TELEPHONE: (573) 526-8288
FAX: (573) 526-3489

INSTRUCTIONS

- Please read this form before completing.
- This form must be typed or printed legibly in black ink.
- Provide complete information (incomplete information will delay review of your application).
- A letter of license verification should be received directly from each state, territory, etc. in which a license is currently held or ever held.
- Enclose the appropriate application fee (listed below) and make check payable to the Office of Tattooing, Body Piercing and Branding.
- Payment must be made in the form of a check or money order.
- **ALL FEES ARE NONREFUNDABLE.**
- Pursuant to §324.024, RSMo, disclosure of your social security number (SSN) is mandatory. The board will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the board to disclosure your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of a statutory or constitutional duty or power. The board can also disclose your SSN to another government agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires the board to provide your SSN to child support and tax compliance officials.

THIS APPLICATION IS BEING SUBMITTED FOR LICENSURE AS A

☐ $100.00 TATTOOIST
☐ $100.00 BODY PIERCER
☐ $100.00 BODY BRANDER

☐ $120.00 COMBINED PRACTITIONER LICENSE
(Please check the appropriate categories below.)
☐ TATTOOIST ☐ BODY PIERCER ☐ BODY BRANDER

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	FORMER/MAIDEN

SOCIAL SECURITY NUMBER	DATE OF BIRTH	TELEPHONE NUMBER	EMAIL

MAILING ADDRESS - OTHER THAN PO BOX	CITY	STATE	ZIP CODE

CURRENT PLACE OF EMPLOYMENT	EMPLOYMENT TELEPHONE NUMBER

EMPLOYMENT ADDRESS	CITY	STATE	ZIP CODE

PROFESSIONAL EXPERIENCE

List all employers in the past three years. Begin with the most recent employment, using additional sheets if necessary.

A. NAME OF EMPLOYER	ADDRESS OF EMPLOYER		

NATURE OF BUSINESS	TITLE OF APPLICANT'S POSITION	FROM (MONTH/YEAR)	TO (MONTH/YEAR)

REASON FOR LEAVING

B. NAME OF EMPLOYER	ADDRESS OF EMPLOYER		

NATURE OF BUSINESS	TITLE OF APPLICANT'S POSITION	FROM (MONTH/YEAR)	TO (MONTH/YEAR)

REASON FOR LEAVING

C. NAME OF EMPLOYER	ADDRESS OF EMPLOYER		

NATURE OF BUSINESS	TITLE OF APPLICANT'S POSITION	FROM (MONTH/YEAR)	TO (MONTH/YEAR)

REASON FOR LEAVING

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? ☐ Yes ☐ No
2. If yes, would you like to receive information and assistance regarding veterans benefits and services? ☐ Yes ☐ No
3. If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information? ☐ Yes ☐ No

General information may also be found at the Missouri Veterans Commission's website.

LICENSURE - The applicant must answer the following questions. ***If any of the questions are answered YES, the applicant must provide a written notarized statement and applicable copies of all court documents.***

		YES	NO
1.	Have you ever been issued a license, certification, registration or permit to practice tattooing, body piercing or branding by any state, United States territory, province or country? **If yes, please provide a list and request license verification be sent to the Office of Tattooing, Body Piercing and Branding for each license held, whether current or expired, etc.**	☐	☐
2.	Have you ever had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise suspended, or otherwise subject to any type of disciplinary action, or voluntarily surrendered under threat of disciplinary action?	☐	☐
3.	Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold?	☐	☐
4.	Have you ever, in a criminal prosecution, been found guilty, pled guilty, pled nolo contendere or received a suspended imposition of sentence for violation of any laws of a state or in the United States, whether or not sentence was imposed?	☐	☐
5.	Have you ever been a party in a civil suit that is medically related?	☐	☐
6.	Have you ever been restricted or disciplined in any way for unethical behavior or unprofessional conduct?	☐	☐
7.	Do you have a medical condition which in any way impairs or limits your ability to perform the duties of a tattooist, body piercer or brander?	☐	☐
8.	Have you ever been convicted adjudged guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed?	☐	☐
9.	Do you currently, or did you within the past five years, use any prescription drug, controlled substance, illegal chemical substance or alcohol, to the point where your ability to competently practice as a licensed tattooist, body piercer, or brander would be affected?	☐	☐
10.	Are you now being treated or have you been treated within the past five years, through a drug or alcohol rehabilitation program? If YES, explain fully in a separate notarized statement and attach verification of chemical or alcohol dependency treatment.	☐	☐
11.	Have you ever had a judgement rendered against you based upon fraud, misrepresentation, deception or malpractice related to your practice as a licensed tattooist, body piercer or brander?	☐	☐

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

SWORN AFFIDAVIT

I hereby attest and affirm that the information provided in this application is true and correct to the best of my knowledge and belief, and I understand that if this information is not true and correct I am subject to the penalties of making a false affidavit.

SIGNATURE	DATE