

Employment/Independent Contractor Verification



Body Art

Applicant Information – To be completed by applicant		PR _____	
Name:			
Home Address			
City, State ZIP Code			
Phone Number			
Birth Date			
E-Mail Address			
I, the undersigned, understand that failure to comply with all applicable regulations may result in immediate revocation of my body art card.			
Applicant Signature:		Date:	

Employment Information – To be completed by employer		FA _____		
Office Use Only: <input type="checkbox"/> Employment letter received	Facility Name:		Phone: _____	
	Address:			
	City, State ZIP Code:			
	Printed Name:			
	Person in Charge Title:	<input type="checkbox"/> OWNER	<input type="checkbox"/> MANAGER	<input type="checkbox"/> Other: _____
	Body Art Type: (Check all that apply)	<input type="checkbox"/> TATTOO	<input type="checkbox"/> BODY PIERCING	<input type="checkbox"/> PERMANENT MAKE-UP
	Applicant Status:	<input type="checkbox"/> OPERATOR	<input type="checkbox"/> APPRENTICE	
	Start Date:			
	I, the undersigned, certify the applicant will operate body art services at the above named permitted establishment in Clark County.			
	Employer Signature:		Date:	

Apprenticeship Information

An **apprentice** is a person who is engaged in learning the occupation of a body art practitioner in a body art establishment and who is **registered with the Health Authority** to practice body art techniques as a body art practitioner's apprentice. See section 11.3.2 in the SNHD Regulations Governing Body Art. Upon completion of at least six (6) months training, the applicant must return to the SNHD with the completed EXPERIENCE VERIFICATION FORM.

OFFICE USE ONLY	
Body Art exam date	Invoice #: IN
Bloodborne Pathogens training date	

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