



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
**APPLICATION FOR TEMPORARY 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).
- 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.**
- Temporary license is valid for a period not to exceed fourteen (14) days and shall not be renewable.
- 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 disclose 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

- \$50.00 TATTOOIST (ONE EVENT ONLY)
 \$50.00 BODY PIERCER (ONE EVENT ONLY)
 \$50.00 BODY BRANDER (ONE EVENT ONLY)

| | | | | | |
|---|--|------------------------|-----------------------------|------------------|----------|
| EVENT NAME | | EVENT DATES (MM/DD/YY) | | TO | |
| NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN) | | | | | |
| SOCIAL SECURITY NUMBER | | DATE OF BIRTH | | TELEPHONE NUMBER | |
| EMAIL | | | | | |
| MAILING ADDRESS | | | 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 AND ADDRESS OF EMPLOYER | | | | |
| NATURE OF BUSINESS | | | FROM (MONTH/YEAR) | TO (MONTH/YEAR) |
| TITLE OF APPLICANT'S POSITION | | | | |
| REASON FOR LEAVING | | | | |
| B. NAME AND ADDRESS OF EMPLOYER | | | | |
| NATURE OF BUSINESS | | | FROM (MONTH/YEAR) | TO (MONTH/YEAR) |
| TITLE OF APPLICANT'S POSITION | | | | |
| REASON FOR LEAVING | | | | |
| C. NAME AND ADDRESS OF EMPLOYER | | | | |
| NATURE OF BUSINESS | | | FROM (MONTH/YEAR) | TO (MONTH/YEAR) |
| TITLE OF APPLICANT'S POSITION | | | | |
| REASON FOR LEAVING | | | | |

LICENSURE - The applicant must answer the following questions. If any of the questions are answered YES, the applicant must provide an explanation.

| | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever been denied a professional license, certification, registration, or permit? If YES, explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? If YES, explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold? If YES, explain fully in a separate notarized statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever, in a criminal prosecution, been found guilty, pled guilty, received a suspended imposition of sentence for violation of any laws of a state or in the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been a party in a civil suit that is medically related? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been restricted or disciplined in any way for unethical behavior or unprofessional conduct? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? If yes, explain fully in a separate notarized statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? If YES, explain fully in a separate notarized statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? If YES, explain fully in a separate notarized statement and attach certified copies of court documents. | <input type="checkbox"/> | <input type="checkbox"/> |

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, _____, the below named applicant, being duly sworn, hereby affirm under penalties of

PRINT NAME

perjury that I am the applicant referred to in the preceding application for a license to practice tattooing and/or body piercing and/or branding in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit in consideration this application as required by the Missouri law governing the practice of tattooing, body piercing, and branding and subject to the rules and regulations of the Office of Tattooing, Body Piercing and Branding, I subscribe and agree to abide by all applicable laws and rules regarding the practice of tattooing, body piercing and branding. I hereby certify that I have familiarized myself with sections 324.520 – 324.524, RSMo, known as the Tattooist, Body Piercing and Branding Act and applicable rules promulgated by the Office of Tattooing, Body Piercing and Branding.

Enclosed is the application fee, which is nonrefundable. I understand that the office may require further information or evidence that is deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

| | | | |
|--|--------------------------------------|-----------------------|--|
| MUST BE SIGNED IN THE PRESENCE OF NOTARY PUBLIC ▶ | | SIGNATURE | |
| NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL | STATE | | COUNTY (OR CITY OF ST. LOUIS) |
| | SUBSCRIBED AND SWORN BEFORE ME, THIS | | USE RUBBER STAMP IN CLEAR AREA BELOW. |
| | DAY OF | YEAR | |
| | NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES | |
| NOTARY PUBLIC NAME (TYPED OR PRINTED) | | | |