

Experience Verification



Body Art

Applicant Information – To be completed by applicant			
Name			
Date of Birth			
Home Address			
City, State ZIP Code			
Phone Number			
E-Mail Address			
I, the undersigned, understand that any false information provided to SNHD may result in immediate revocation of my body art card.			
Signature:		Date:	

Previous OR Current Employer – To be completed by employer			
Body Art Type	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT MAKE-UP		
Dates of Employment (Month/Year)	From:	To:	Comments:
Facility Name			
Address			
City, State ZIP Code			
Printed Name		Phone:	
Title	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Applicant apprenticed under my supervision		
I, the undersigned, certify the applicant has a minimum of six (6) months' experience or training as a body art practitioner in a duly-licensed establishment in Nevada, or another state or country.			
Signature:		Date:	

OR

Licensing Agency – To be completed by agency representative			
Body Art Type	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT MAKE-UP		
Identification Number			
Date Issued		Date Expired	
Agency Name			
Agency Address			
City, State ZIP Code			
Agency Representative		Phone	
Title			
I, the undersigned, certify the above information to be true and correct.			
Signature:		Date:	

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