Pursuant to Connecticut General Statutes Sec. 20-266o, I, ___________________________, certify under penalty of perjury the below named applicant worked as a tattoo technician for a period of not less than years as follows (Please note that this form must be notarized).

Name of applicant (please print)

_________________________________________  Signature of applicant  Date

Name of Supervisor (please print)

_________________________________________  Signature of Supervisor (please print)

Subscribed and sworn to before me this ________ day of __________, 20____.

__________________________________________  Signature of Notary Public  Date

My Commission expires______________________________

Please return completed notarized form to:

Connecticut Department of Public Heath
Tattoo Technician Licensure
410 Capitol Ave., MS# 12APP
PO Box 340308
Hartford, CT 06134
Fax: 860-707-1931
Email: Dph.healingarts@ct.gov