



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

TATTOO TECHNICIAN TRAINING VERIFICATION

This form is intended to verify two thousand hours of training. It must be completed by the Connecticut licensed tattoo technician who supervised the trainee and returned directly to this office in support of licensure.

This is to verify that

Name _____

Address _____

was under my direct and personal supervision **FROM** ____ / ____ / ____ **TO** ____ / ____ / ____
MM DD YY MM DD YY

for _____ hours per week and completed a minimum of two thousand hours of supervised training.

Under penalty of perjury, I confirm that I am the licensed tattoo technician supervising training and that the above information is true and accurate.

Signature Date

Printed name

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Tattoo Licensing
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