



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

**TATTOO PRACTICE AFFIDAVIT**

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)

License No.: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor (please print)

License No.: \_\_\_\_\_ State: \_\_\_\_\_

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 Health  
Tattoo Technician Licensure  
410 Capitol Ave., MS# 12APP  
PO Box 340308  
Hartford, CT 06134  
Fax: 860-707-1931  
Email: [Dph.healingarts@ct.gov](mailto:Dph.healingarts@ct.gov)