



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Tattoo Technician Student Training Permit

INSTRUCTIONS TO THE APPLICANT:

1. Have the supervising tattoo technician complete Part II of this form and both the applicant and the supervisor must sign the form in the presence of a notary public.
2. Upload the completed form when applying online or fax it to (860) 707-1931.
3. Upon receipt of this form by the Department, the applicant will be notified when an eligibility determination is made.
4. Should you change supervisors, a new permit will be required and you should arrange for the former supervisor to submit verification of the total number of months and hours completed.

PART I: TO BE COMPLETED BY THE APPLICANT

Name: _____

Address: _____

Date of Birth: ____/____/____

Signature of Applicant

Date

PART II: TO BE COMPLETED BY THE SUPERVISING TATTOO TECHNICIAN

Printed Name: _____

Shop Address: _____

Email Address. _____ CT Tattoo Technician License No.: _____

I certify that I own or am employed in the facility where the student will receive supervision. I acknowledge that I am responsible for personally supervising this applicant's practical training and experience in tattooing.

Signature of Supervising Tattoo Technician

Date

NOTARIZATION:

On this ____ day of _____ 20 ____, the individuals listed above personally appeared before me, who being duly sworn says that they are the persons referred to in the foregoing application and that the statements made herein are true in every respect.