



### APPLICATION FOR EXAMINATION

**APPLICANTS MUST ENCLOSE THE FOLLOWING:**

- (a) Official transcripts reflecting high school graduation, completion of an equivalent diploma (GED), or a degree from an accredited institution of higher education.
- (b) Proof of age of at least 18 years, a copy of a valid driver's license.
- (c) An official transcript from an approved trainer of your profession showing completion of a course of study equivalent to the requirements of K.A.R. 69-15-2. Verification must include subject matter, respective instructional hours and outline of reference materials and text books used during training.(completed by the trainer)
- (d) Verification the trainer and the facility were licensed at the time of your training.
- (e) Copies of 50 completed procedures, provided during the timeframe of your training.
- (f) Verification of eight (8) hours infection control or blood borne pathogens, in addition to your 1,200 hour apprenticeship.
- (g) \$35 exam application fee, \$25 written exam fee, and \$50 practical exam fee. (Total fees, \$110, check or money order will be accepted) If applying for more than one profession, you must submit the exam fees for each profession.

<b><u>Credit Card information:</u></b>	
<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa
----- <i>Credit Card #</i> -----	
----- <i>Card Holder's Signature</i> -----	
----- <i>Exp. Date of Credit Card (mo/yr)</i> -----	
----- <i>Daytime Phone Number</i> -----	

If you have a disability and require some accommodations in taking the exams, you must notify the board within 10 days of submitting this application for exam.

**TATTOO ARTIST** \_\_\_\_\_ **COSMETIC TATTOO ARTIST** \_\_\_\_\_ **BODY PIERCING TECHNICIAN** \_\_\_\_\_

1. \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

2. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

3. PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ \*\*Social Security #: \_\_\_\_\_

5. Training Received from \_\_\_\_\_  
(Name of facility and trainer)

Address: \_\_\_\_\_

from the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ to the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
Completion of course of \_\_\_\_\_ hours and \_\_\_\_\_ completed procedures.

Failure to answer the below felony question and sign the attestation will require the form be returned to you for completion.		
<b>Have you ever been convicted of a felony?</b> Yes _____ No _____ (If you have been convicted of a felony attach a certified copy of the court order outlining the charge(s), sentencing order(s) and discharge certificate if applicable. A license will not be issued until the Board has fully reviewed the required documentation. K.S.A. 65-1947(a)(2))		
<b>I declare under penalty of perjury under the laws of the State of Kansas that the information provided above is true and correct to the best of my knowledge.</b>		
Date _____	Signature of Applicant: _____	Daytime Phone: ( ) _____

\*\*Your social security is requested on this application and is limited to the following: 1) Board use for internal identification purposes: and 2) upon request, it will be provided to the Kansas director of taxation.