Artist Instructor Initial Licensure

Application

The following is required for Body Art Licensees including Permanent Cosmetic Artist:

- Must be licensed five (5) years in the specified field of body art in which you will offer training.
- Must have worked in a body art establishment licensed by the Department for at least five (5) years.
- Must have completed the required course under § 17-26-606
- Must be registered as an instructor for the specified field of body art.
- Must be 21 years of age to qualify as an instructor.
- Submit a copy of current photo ID.
- Submit a copy Current Blood Borne Pathogen Certificate
- Non-Refundable fee of \$100.00
- Permanent Cosmetics Artist Only:
 - All above requirements plus
 - Must have completed 250 additional instruction hours in a licensed Arkansas Permanent Cosmetics Institution.
 - \circ Submit Completed Training Logs verified by Instructor Signature.

Artist and Facility Information:

| First Name | Middle Name | | | Last Name | | | | Social Security Number | |
|---|-------------|-------------|-------------|--|-----------------------------|----------------|-----------|------------------------|-------------------------|
| | | | | | | | | | |
| Address | City | | | | State | Zip Code | | Phone Number | |
| | | | | | | | | | |
| Date of Birth | Gender | | Race | | | | | | |
| | MAL | E | FEMALE | Black | White | Am. Indian | Hispanic | Asian | Alaskan Native |
| Instructors Name and licer | ise numbe | r (PC only | y) | | il Address (I via email) | REQUIRED – all | correspon | dence sent f | rom the Section will be |
| Facility/Institution(PC) license Name of Facility em number | | | | ployed for five (5) years or Institution where 250 Hours PC Instructor hours where logged. | | | | | |
| Address of Facility/Institut | ion(PC) | | | | | | | | |
| Artist license number | Date o | of original | licensure o | or date PC in | nstructor train | ing began. | | | |

By signing this application, I certify that the information provided above is true and accurate. Further, I understand that any false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

| Applicant's Signature | Today's Date |
|--|--------------|
| | |
| | |
| Instructor Signature (PC Only must match the submitted training logs)) | Today's Date |
| | |
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