

Body Art / Microblading Experience Verification



FORM 2

**To be completed at end of apprenticeship and submitted
to exchange apprentice card for permanent card.**

Applicant Information – <i>To be completed by applicant</i>			
Type of card: <input type="checkbox"/> MICROBLADING ONLY <input type="checkbox"/> BODY ART - Tattoo, piercing, permanent makeup, plus microblading.			
Apprentice Name:			
Date of Birth:			
Home Address:			
City, State ZIP Code:			
Phone Number:			
E-Mail Address:			
I, the undersigned, understand that any false information provided to SNHD may result in immediate revocation of my microblading or body art card.			
Signature:		Date:	
Mentor Information – <i>To be completed by Mentor</i>			
Dates of Apprenticeship: (Month/Day/Year)	From:	To:	
Mentor Name:			
Mentor Card Number:			
I, the undersigned, certify the applicant has a minimum of six months experience or training as a body art practitioner in a duly licensed establishment in Nevada, or another state or country.			
Mentor Signature:		Date:	
Visit www.snhd.info for body art card requirements and locations Phone: (702) 759-0677 ▶ Fax: (702) 759-1486 ▶ Email: bodyart@snhd.org			

Revised 03.21.2024