

Body Art Experience Verification

To be completed at end of apprenticeship and submitted
to exchange Apprentice Body Art Card for Permanent Body Art Card.



FORM 2B
Rev. 6-3-2024

Applicant Information — to be completed by Apprentice			
This application is for apprentices in Clark County who learned any permitted body art technique under a Mentor. These include tattooing, piercing, permanent makeup and 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 or failure to comply with all applicable regulations may result in immediate revocation of my Body Art Card.			
Applicant Signature:		Date:	

Mentor Information – To be completed by Mentor			
Dates of Apprenticeship: (Month/Day/Year)	From:	To:	
Mentor Name:			
Mentor Card Number:		Phone:	
Establishment Name:			
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.			
Mentor Signature:		Date:	

Visit www.snhd.info/bodyart for body art card requirements and exam locations.
Phone: (702) 759-0677 ▶ Fax: (702) 759-1486 ▶ Email: bodyart@snhd.org