

Microblading Experience Verification

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



FORM 2M

Rev. 6-3-2024

Applicant Information — to be completed by Apprentice			
<p>This application is for apprentices in Clark County who learned microblading under a Mentor. This was limited to using a microblading tool on the face and did <u>not</u> include other techniques. A microblading apprentice is only allowed to use the <u>manual</u> microblading tool, not a tattoo machine.</p>			
Apprentice Name:			
Date of Birth:			
Home Address:			
City, State ZIP Code:			
Phone Number:			
E-Mail Address:			
<p>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 Microblading Card.</p>			
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:			
<p>I, the undersigned, certify the applicant has a minimum of six months experience or training as a microblading practitioner in a duly licensed establishment in Nevada.</p>			
Mentor Signature:		Date:	

Visit www.snhd.info/bodyart for body art card requirements and exam locations.
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