



New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Board of Body Art Practitioners

P.O. Box 25101 ▪ Santa Fe, New Mexico 87504

(505) 476-4622 ▪ Fax (505) 476-4645 ▪ <http://www.rld.state.nm.us/boards/body-art-practitioners.aspx>

BODY ART SPONSOR VERIFICATION

SPONSOR INFORMATION

*Sponsor License Number: _____

*Name (last, first, middle initial): _____

*Phone: _____ *Email: _____

*Required - All communications (including renewal notices) will be sent to this email address.

ESTABLISHMENT INFORMATION

*Establishment License Number: _____

*Name of Establishment: _____

*Phone: _____ Website: _____

I _____, agree to sponsor _____, during their thirty (30) day guest licensure period while they practice in the State of New Mexico.

***This form must be signed in the presence of a Notary Public.**

Signature of Applicant _____ Date _____

STATE OF _____, COUNTY OF _____, being duly sworn, says that he/she is/are the person(s) referred to in this application and that the statements therein contained are true in every respect. Subscribed and sworn before me this _____ day of _____, 20 _____. Witness my hand and seal hereunto attached.

Signature of Notary Public

My Commission Expires