

New Mexico Regulation and Licensing Department BOARDS AND COMMISSIONS DIVISION NEW MEXICO BOARD OF BODY ART PRACTITIONERS

PO Box 25101 • Santa Fe, New Mexico 87504 Phone (505) 476-4622 • Fax (505) 476-4665 Website:http://www.rld.state.nm.us/boards/body-art-practitioners.aspx

BODY ARTIST OR BODY PIERCING APPLICATION

I am applying for (check one): INITIAL APPLICATION - \$100.00 FEE	ATTACH Passport Quality Photo Here
MILITARY: Expedited License for Military Service - \$100.00 FEE (MILITARY – Must have an active license in another state of jurisdiction)	WRITE NAME BEHIND PHOTO
ALL FEES ARE NON-REFUNDABLE. ** **ALL LICENSING INFORMATION IS PUBLIC INFORMATION	

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PERSONAL INFORMA	ATION:						
LAST NAME	FIRST NAM	И Е		MIDDLE NAME	SUFFIX		
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NAME AS YOU WOULD LIKE IT TO	APPEAR ON	OFFICIAL LICENSE	OR CI	ERTIFICATE			
MAILING ADDRESS							
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PERSONAL PHONE		BUSINESS PHONE					
EMAIL		PERSONAL OR BUSINESS					
DATE OF BIRTH		INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER					
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PREFERRED MAILING ADDRESS: PERSONAL OR BUSINESS							
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RECEIVED ON:	PROCESSE	D BY:	RECEIPT NO:				
AMOUNT:	CHECK/MC) #					

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LICENSURE INFORMATION: List all states or countries in which you are or have been									
lice	nsed, regardless	s of current stat	us (attach	additional pag	es if n				
Prev	rious New Mexic	co Body Artist or	Body Pierc	ing License Nu	mber:				
Nev	w Mexico Appro	entice License	Number (it	f applicable- e	nter N	/A if <u>not</u> ap	plicable):		
STATE/COUNTRY OBTAINED B EXAM/CRED RECIPROCIT		ENTIALS/	LICENSE NUMBER		T INITIAL E DATE			EXPIRATION DATE	
PR	OFESSIO	NAL TRA	INING:	Please compl	ete, if	applicant a	ttended complet	ed an	1
apprenticeship program. NAME OF SPONSOR		DATE OF APPRENTICESHIP DATE			ATE APPRENTICESHIP		NUMBER OF HOURS		
								CO	MPLETED
	JESTIONS quire an explan						es" answers for c	questi	ions 2 thru
1.	Have you ever used another name under which records relating to your application, education, training or experience may be filed? Enter other names(s) used:						YES		NO
2. Have you ever received a deferred prosecution or judgment or been convicted of, or pled guilty or nolo contendere to a felony or misdemeanor (not including traffic violations) in any state, territory or					r	YES		NO	
3.	district of the United States or a foreign country? 3. Has any disciplinary action ever been started against you as result of your services or any license you hold or have held to practice as a body artist, permanent makeup technician or body piercer? (Note: disciplinary action includes but is not limited to suspension, probation, practice limitations, reprimand, letter admonition, censure, and any allegations currently pending)						YES	NO	
4.						YES NO		NO	
5.	Have you ever voluntarily surrendered a license or certification to practice body art, permanent makeup or body piercing in any state, foreign country, territory, or institution?					YES		NO	
6.	Do you have any personal or legal problems with alcohol or drugs that in any way affect your ability to be a body artist, permanent makeup technician or body piercer?					YES		NO	
7.	Have you ever pled guilty or nolo contendere to or been convicted, of driving under the influence of driving while intoxicated?					, of	YES		NO

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8.	Have you ever been denied a license or permission to take an examination to practice body art, permanent makeup or body piercing in any state, foreign country or territory?	YES	NO		
9.	Do you have any mental illness that affects your ability to be a body artist, permanent makeup technician or body piercer?	YES	NO		
AF	FIDAVIT:				
I hereby certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith and are true in every respect. By executing this application, the undersigned also acknowledges that he/she has read the Rules and Regulations the New Mexico Board of Body Art Practitioners and, if issued a license, agrees to conform with and support the laws of New Mexico.					
Sigi	nature of Applicant Date	re			
To a	ssist you in completing your applications please use the check-off list:				
LICENSURE REQUIREMENTS: ☐ 1. Complete the Application and Application fee \$100.00 (NON-REFUNDABLE); ☐ 2. Current Color Photo; 2x2 in. (Passport Quality); ☐ 3. Proof of age, a photo copy of Driver's License is acceptable (DO NOT SEND ORIGINALS); ☐ 4. Application must be signed and dated; ☐ 5. Proof of current cardiopulmonary resuscitation (CPR), First Aid and Blood Borne Pathogens course; ☐ 6. Proof of license in another jurisdiction; proof of training hours and/or qualifications equivalent to or exceeding those required for licensure in New Mexico OR completion of a New Mexico apprenticeship program. Proof must be sent directly to the board office. ☐ 7. Proof of passing Written Exam through Professional Credentialing Services (PCS) ☐ 8. Answer all questions to the best of your knowledge (if you answer yes to any questions, please give details on a separate sheet of paper include a certified copy of final judgment papers); ☐ 9. A minimum of ten (10) original photographs of "healed" tattoos or piercings which the applicant has personally performed. PHOTOS MUST BE ATTACHED ON 8 ½ x 11 PAPER ☐ 10. Completed the Jurisprudence examination, MUST pass with score of 75% or greater ☐ 11. Applicant must identify the licensed establishment where services will be performed. Establishment must be current upon receipt of the application.					
LICENSURE FOR MILITARY SERVICE MEMBERS, SPOUSES AND VETERANS ☐ 1. A completed application and corresponding fee pursuant to 16.36.2.18 NMAC; ☐ 2. Satisfactory evidence that the applicant is currently licensed in another jurisdiction, including a branch of the United States armed forces, and holds a current license in good standing; the applicant further must provide satisfactory evidence that the applicant has met the minimal licensing requirements in that jurisdiction and that they are substantially equivalent to the licensing requirements for New Mexico licensees in Body Art or Body Piercing; and ☐ 3. Proof of honorable discharge (DD214) or military ID card or accepted proof of military spouse status					

