



Board of Body Art Practitioners

Mobile Establishment

Application Manual

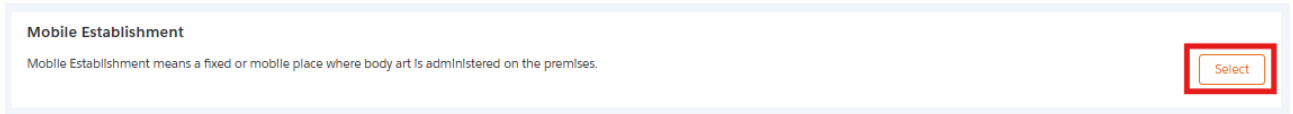
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Application for Mobile Establishment

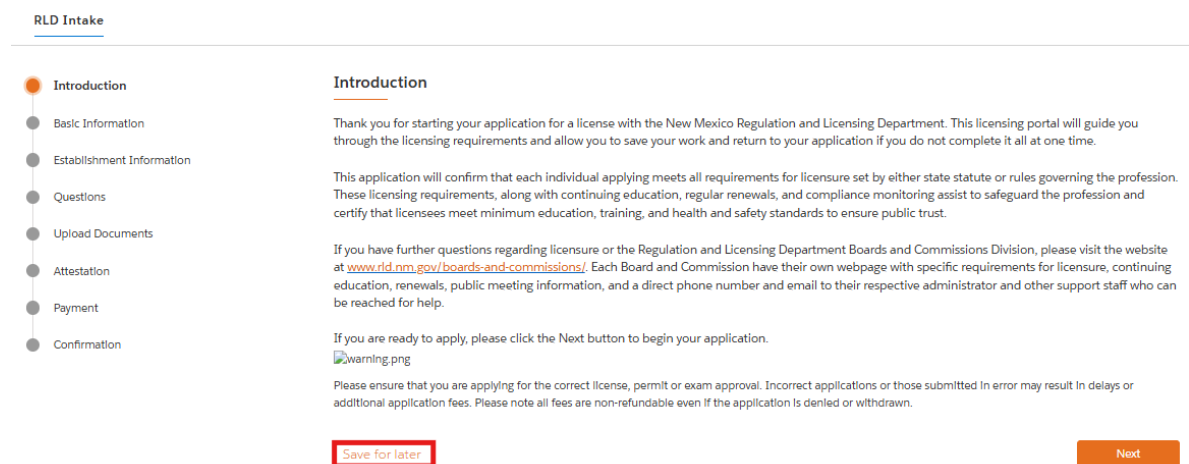
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Application for Mobile Establishment

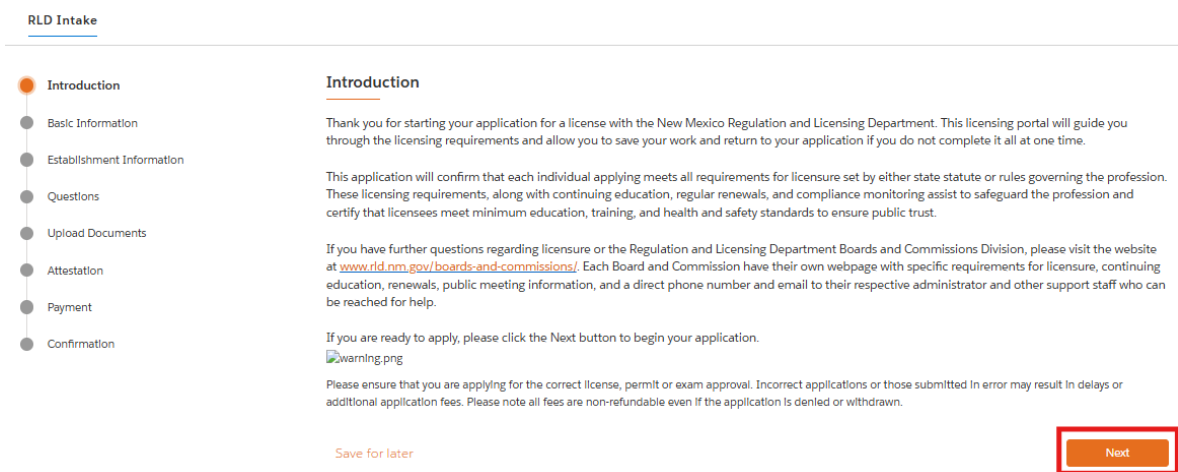
1. Click the “Select” button to the right of the Mobile Establishment license type.



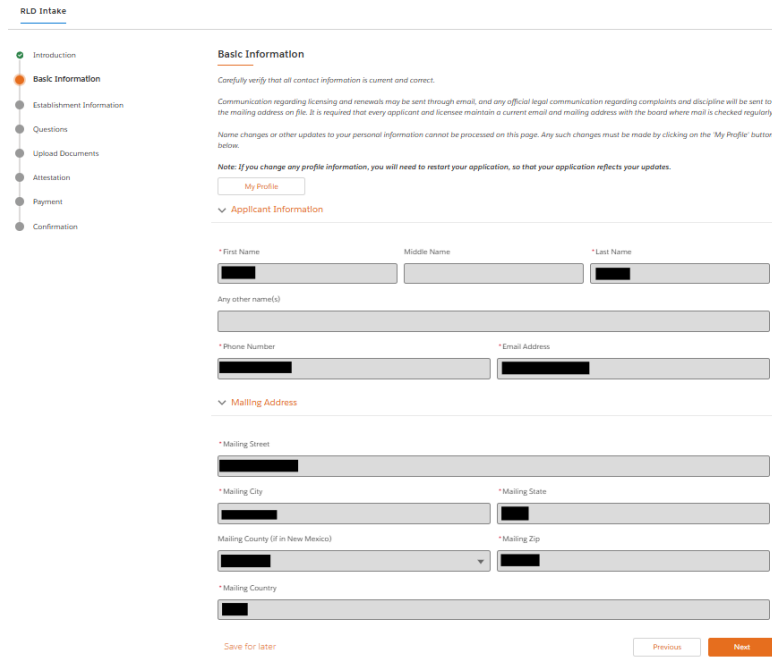
2. At any time of the application, you can select the “Save for later” option to save a draft of the application that you can return to and complete at your convenience. This will ensure you don’t lose any progress you have made if you can’t complete the application in one sitting.



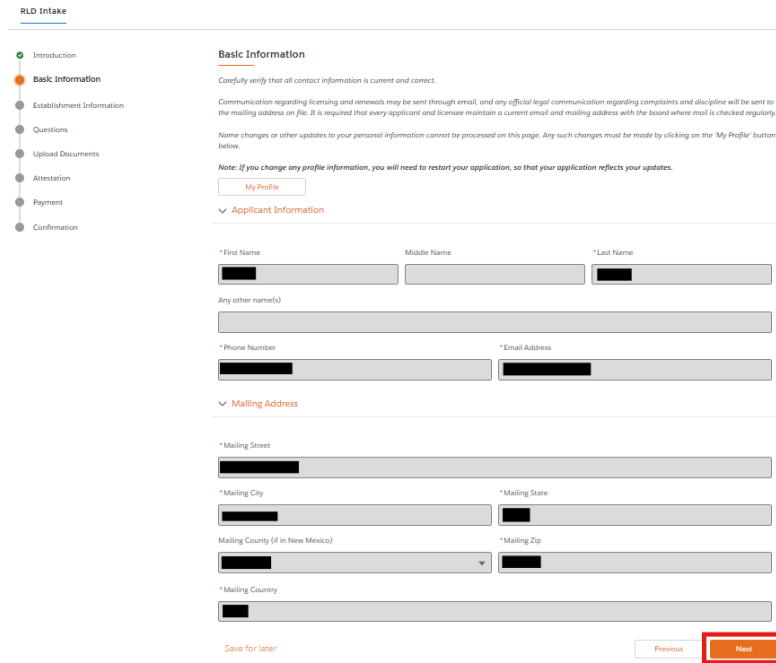
3. On the Introduction page, read through the information and select the “Next” button on the bottom right of the screen when you are done.



4. On the Basic Information page, verify that all information is valid and up to date.



a. If **Yes**, select the “Next” button at the bottom right of the page.



b. If **No**, select the “My Profile” button at the top left to update your information.

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Basic Information

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current email and mailing address with the board where mail is checked regularly.

Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My Profile' button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

My Profile

Applicant Information

* First Name Middle Name * Last Name

Any other name(s)

* Phone Number * Email Address

Mailing Address

- i. Select the “Edit” button at the bottom right of the page.

My Profile

Person Information

* First Name Middle Name * Last Name

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

Race Ethnicity Preferred Language Are you a New Mexico Resident?

Date of Birth Gender

Primary Phone No. Business Phone No.

Identifier Type Identifier Number

Mailing Address

Mailing Street

City State/Province

Country Zip Code County (if in New Mexico)

Save

- ii. Enter in all relevant updated data and select “Save” at the bottom right when completed.

My Profile

Person Information

*First Name Middle Name *Last Name

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

*Race *Ethnicity *Preferred Language *Are you a New Mexico Resident?

*Date of Birth *Gender

*Primary Phone No Business Phone No

*Identifier Type *Identifier Number

Mailing Address

*Mailing Street

*City State/Province

Country *Zip Code County (if in New Mexico)

Cancel Save

iii. You will need to restart your application to ensure the updated data is listed. Return to “Step 1: Mobile Establishment Application” to continue.

5. On the Establishment Information page, please complete all fields related to the establishment and ownership information.

RLD Intake

* Establishment address is where you will be providing services to your clients.

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Establishment Information

* Name of Establishment
Enter Organization Name

* Please specify the ownership type

* Specify details for each owner below. Sum of the ownership percentage for all records should be equal to 100%. If you need to view, edit or delete any records, click the down arrow under action for that specific record.
If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Business Owner Name	Phone Number	Email	Ownership Percentage	
				Add New

Establishment Address

* Establishment address is where you will be providing services to your clients.

* Establishment Street * Establishment City

* Establishment Zip * Establishment County

* Establishment Country * Establishment State

US New Mexico

* Is the mailing address same as physical address mentioned above?

Yes

Save for later Previous Next

6. Once all relevant data has been entered, click “Next” to proceed.

RLD Intake

* Establishment address is where you will be providing services to your clients.

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[Add New](#)

Business Owner Name	Phone Number	Email	Ownership Percentage	

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* Establishment Street

* Establishment City

* Establishment Zip

* Establishment County

* Establishment Country

* Establishment State

US New Mexico

* Is the mailing address same as physical address mentioned above?

Yes

[Save for later](#) [Previous](#) [Next](#)

- On the Questions page, please answer all questions accurately with the most recent information. Please provide any relevant details in the box below any questions marked with “Yes.” You are also required to upload any related documentation and other supporting documents on the Uploaded Documents page, later in this application.

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Questions

* I certify that all the owner(s) of the establishment identified in this application are minimum 18 years old.

Yes

* I certify that a city business license has been issued for the establishment identified in this application.

Yes

You must upload a copy of city issued business license on document upload page, later in the application.

* I understand that any establishment licensed by the board must be under the immediate supervision of a board licensed practitioner while licensed activity is being practiced therein.

Yes

Basic Life Support is not an accepted course

* Please list the name(s) of the body art supervising practitioner(s) working at the establishment, each of whom must be currently licensed with the board at time of application. The supervising license(s) must be licensed by the board in tattoo, piercing, scarification, or permanent cosmetics.

If you need to view, edit or delete any records, click the down arrow under action for that specific record.

[Add New](#)

First Name	Last Name	License Number	Type of practise	Action

Do you certify that you have read and will abide by all establishment rules and requirements outline in 16.36.3 NMAC.

Yes

* Has any owner(s) of the establishment ever had an application or license in this profession denied, suspended, revoked, surrendered, or had any other form of discipline or disciplinary action by a licensing board in another state or jurisdiction?

Yes

No

* Has any owner(s) of the establishment ever been convicted of a felony offense in any jurisdiction that would be considered a disqualifying criminal conviction, as outlined in 16.36.4.9 NMAC?

Yes

No

* Is any owner(s) of the establishment currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or any other state?

Yes

No

A person who submits an application for an initial license or renewal of a license is not eligible for issuance of the license if the applicant is not in compliance with a judgment and order for support or subpoenas or warrants relating to paternity or child support proceedings.

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- To complete the Questions page, select the “Next” button at the bottom right of the page.

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First Name	Last Name	License Number	Type of practise	Action
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	▼

[Add New](#)

Do you certify that you have read and will abide by all establishment rules and requirements outline in 16.36.3 NMAC.

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9. On the Upload Documents page, attach all requested and relevant documents to their designated column if required.

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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Active License(s) from Other State(s)	Official verification of active license(s) in similar profession in another State(s). Photocopy of license is not acceptable.			
* City Business License				
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

[Save for later](#)

[Previous](#)




[Next](#)

- a. Select the blue upload icon in each section to upload a document.

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Document Name	Document Description	Upload a New File	Uploaded Files	Delete
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City Business License				
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later Previous **Next**

- b. Review the document size and type requirements before uploading, then select the Upload File button.

Upload

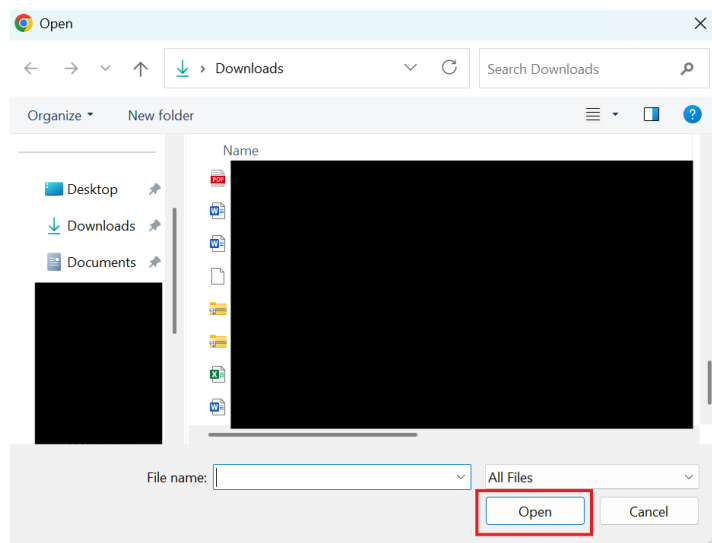
Please attach a copy of the required document.

Note that

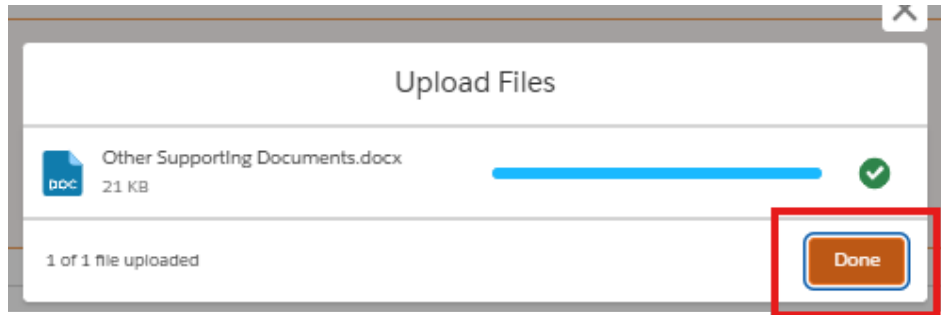
- The size should not exceed 20MB.
- File extensions will be accepted only of type doc, docx, pdf, png, jpg, jpeg, tiff, cmx.
- Documents may be uploaded as individual files or as a single merged file on this next page.

 Upload Files **Open**

- c. Select the appropriate document from your files and then select “Open”



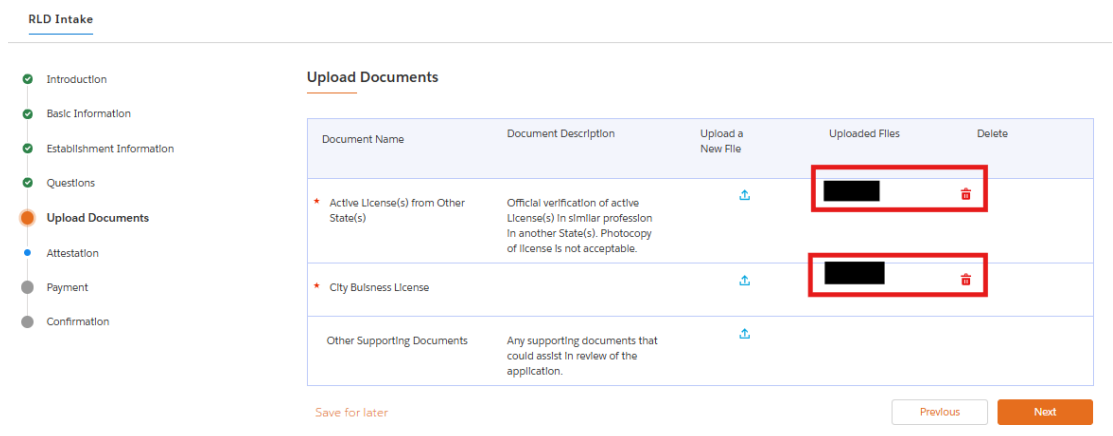
- d. The file will notify you when it's completed. Select the “Done” button when it's completed.



e. You will be able to see your document added and can then select the “Close” option.



f. You will be able to see the documents in each section once you have completed the uploads.



g. Once all documents are added, select the orange “Next” button.

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* City Business License				
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later Previous **Next**

10. On the Attestation page, review the statement on the screen. Then select the checkbox to certify your agreement. After, enter your name and select the “Next” button at the bottom right.

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Attestation

Application Attestation

I hereby certify that I am the person described and identified in this application; this application contains no willful misrepresentation; and the information given by me is true and complete to the best of my knowledge and belief. I further certify I will, upon receipt, read the Body of the Safe Practice Act and Rules and fully understand that I bind myself to be governed by them.

* Applicant Name Date

Save for later Previous **Next**

11. On the Payment page, review the notice before making any selections.

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Payment

Select your mode of payment and click "Pay and Submit" to Input your payment Information. Payments made with a Visa or Mastercard will be charged a 2.5% transaction fee. This is a fee Imposed directly by the bank, and no portion of the fee is paid to or collected by the RLD. Payments made by e-check will not result in any transaction fee.

Note: Only select "Operating Transfer" if your fee will be paid by another New Mexico state agency and you have received formal confirmation from the agency that It is transferring the funds to RLD through an operating transfer. Renewals will not be approved until an operating transfer is confirmed by RLD. If this option is selected, users can bypass the fee payment.

* Mode of Payment

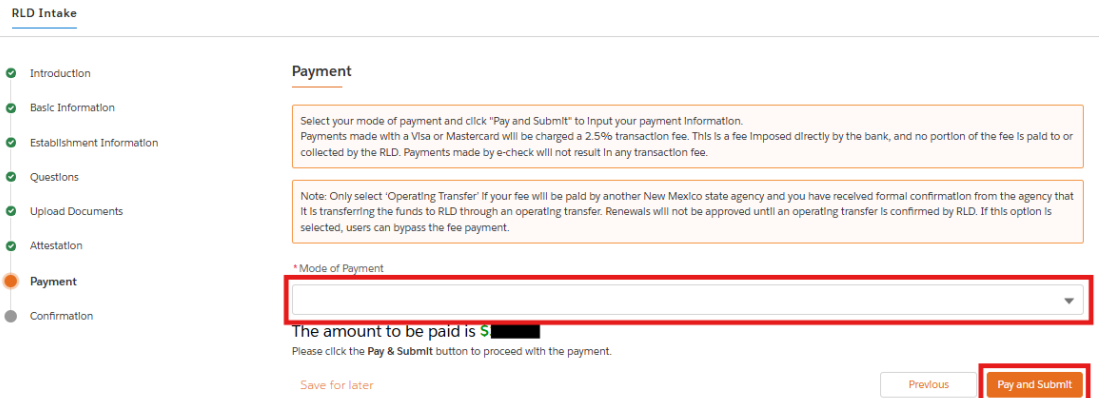
The amount to be paid is \$

Please click the **Pay & Submit** button to proceed with the payment.

Save for later Previous **Pay and Submit**

- Select a Mode of Payment then the “Pay and Submit” button. When selecting either Credit Card (Visa or Mastercard) or E-Check as your payment method, a new tab will open directing you to the Cybersource Payment Gateway screen. Please disable any pop-up blockers to ensure the page opens correctly in the new tab.

- b. *Note: Payment is a separate system and your credit card info is not stored or saved by RLD. Cybersource is a SoNM billing platform, and this is not phishing or other malware. Upon payment completion, you will receive a payment receipt to the email address you have entered in the Payment Gateway.*



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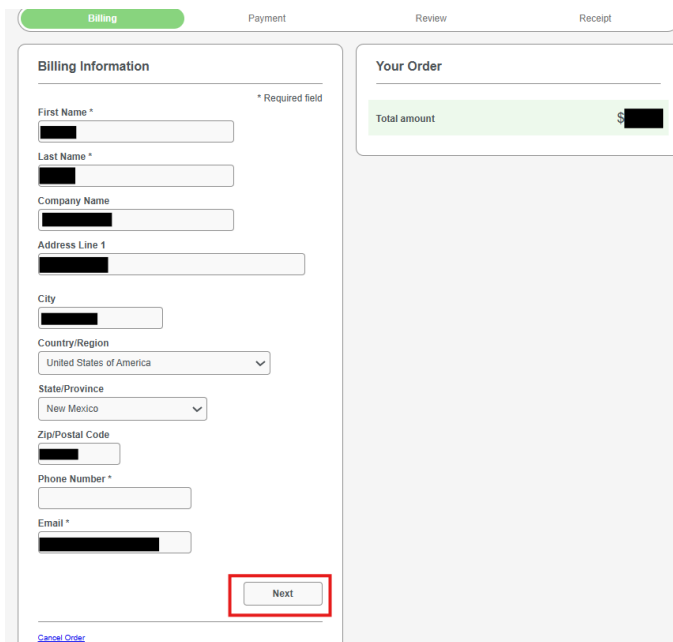
* Mode of Payment

The amount to be paid is \$ [REDACTED]

Please click the **Pay & Submit** button to proceed with the payment.

Save for later Previous **Pay and Submit**

- c. Ensure all required fields are completed and click "Next" button to proceed through entire payment.



Billing | Payment | Review | Receipt

Billing Information * Required field

First Name * [REDACTED]

Last Name * [REDACTED]

Company Name [REDACTED]

Address Line 1 [REDACTED]

City [REDACTED]

Country/Region [United States of America]

State/Province [New Mexico]

Zip/Postal Code [REDACTED]

Phone Number * [REDACTED]

Email * [REDACTED]

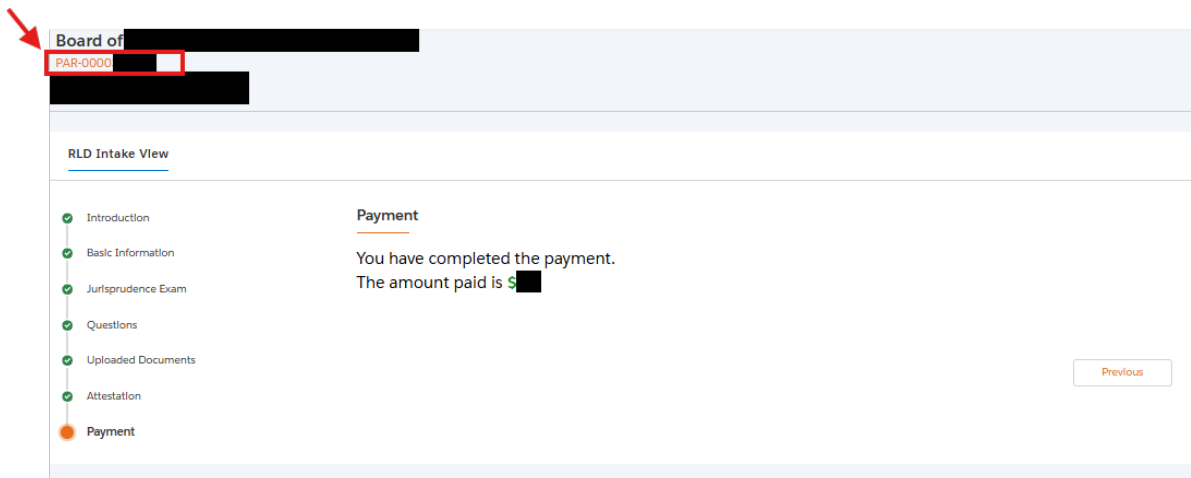
Next

[Cancel Order](#)

Your Order

Total amount \$ [REDACTED]

12. Once your payment is completed, your application is now complete and will be submitted for approval. To check the status of your application, please contact your board or division directly. Please be sure to reference your application number, which begins with **PAR-** and can be found at the top of your application.



Board of [REDACTED]
PAR-0000 [REDACTED]

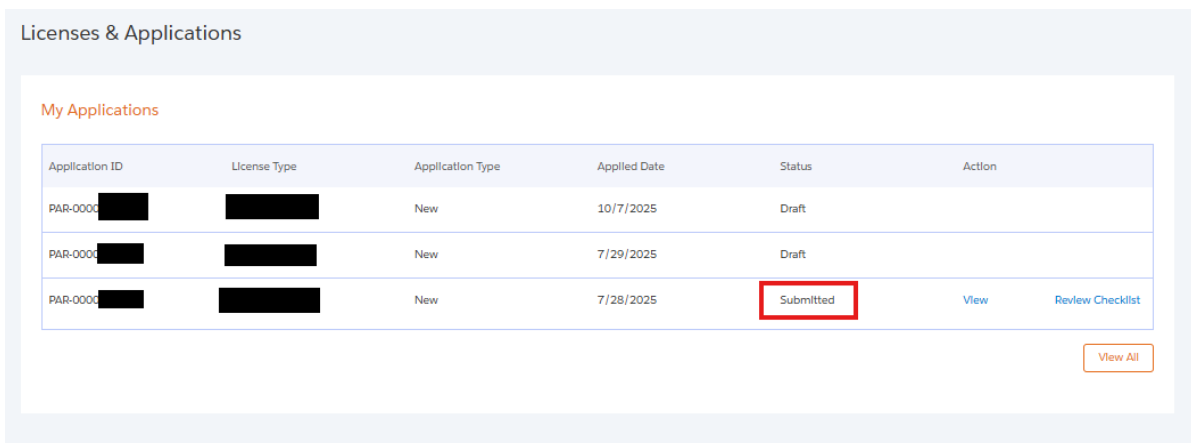
RLD Intake View

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Payment
You have completed the payment.
The amount paid is \$ [REDACTED]

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13. On the home page, the application will appear under My Applications with **Submitted** status.



Licenses & Applications

My Applications

Application ID	License Type	Application Type	Applied Date	Status	Action
PAR-0000 [REDACTED]	[REDACTED]	New	10/7/2025	Draft	
PAR-0000 [REDACTED]	[REDACTED]	New	7/29/2025	Draft	
PAR-0000 [REDACTED]	[REDACTED]	New	7/28/2025	Submitted	View Review Checklist

[View All](#)