



## New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

### Board of Body Art Practitioners

Toney Anaya Building ▪ PO Box 25101 ▪ Santa Fe, New Mexico 87504  
(505) 476-4622 ▪ Fax (505) 476-4665 ▪ <http://www.rld.state.nm.us>

## BODY ART APPLICATION FOR LICENSURE

*You are prohibited from practicing as a tattoo artist, permanent make-up technician, body piercer, or apprentice sponsor until you have obtained a license for such practice in the State of New Mexico. The fee for licensure is listed below; renewal fees are the same as the original fee. We accept money orders, and cashier's checks. Personal checks will not be accepted. If you wish to pay with a credit card, include the credit card authorization form with your application.*

### TRAINING REQUIREMENTS

Permanent Make-up Technician:	100 hour approved course
Tattoo Artist:	1500 hour approved apprenticeship
Body Piercing:	1500 hour approved apprenticeship
Apprentice Sponsor:	Board approved curriculum

### FEES

Permanent Make-up Technician	\$100	Apprentice License	\$50
Tattoo Artist	\$100	Body Piercing	\$100
Apprentice Sponsor License	\$100	*Reinstatement (annual renewal \$100 plus late fee \$35)	

### REQUIREMENTS FOR LICENSURE FOR BODY ART

*The following items must be included with this application in order to avoid processing delays.*

1. Proof of training hours and/or qualifications equivalent to or exceeding those required for licensure in New Mexico
2. Current work experience must be verified on a notarized statement from an employer and list specific work dates. Prior apprenticeship training hours will be considered on an individual case basis.
3. An application for permanent make-up and tattoo practitioner license must include a minimum of ten (10) original photographs of healed tattoos which the applicant has personally performed. Body piercing requires a minimum of ten (10) photographs of healed piercings. **Must be attached to 8 ½ x 11 paper.**
4. Copies of current certificates for CPR, First Aid and Blood Borne Pathogen training, which must be renewed annually.
5. Three signed testimonials from previous clients.
6. Place of Employment.
7. Proof of age. A photocopy of driver's license is acceptable. Do not send originals.
8. Applicants must take and pass the State of New Mexico jurisprudence exam.
9. Attach to this application a 1.5 x 1.5 passport quality photograph (head only), taken within the past three months.
10. Application fee (non refundable)

If you need more room for your application information, attach additional pages. ***Print clearly and use blue or black ink only. Incomplete applications will be returned. PLEASE MAIL TO: P.O. Box 25101, Santa Fe, NM 87504.***

**\*An applicant whose license has expired for one year but less than five shall pay reinstatement fee; proof of blood borne pathogens training within the prior 12 months, current CPR and first aid certification and pass a board approved jurisprudence exam. Reinstatement fee is \$100 for each year license has been expired plus a \$35.00 late fee for each year the license has been expired.**

Board of Body Art Practitioners  
**APPLICATION FOR LICENSURE**  
**BODY ART PROGRAM**

*I am applying for Licensure for (check one):*

- Tattoo Artist                       Body Art Apprentice Sponsor                      Circle One                       Body Piercer  
 Permanent Make-up               Body Art Apprentice                      Piercer or Tattoo Artist               Reinstatement

**APPLICANT INFORMATION**

Name (last, first, middle initial): \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ESTABLISHMENT INFORMATION AND/OR EMPLOYMENT INFORMATION**

Place of employment: \_\_\_\_\_  
Name of Apprentice Sponsor (if applying as an apprentice): \_\_\_\_\_  
Business address: \_\_\_\_\_  
City, state, zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Website: \_\_\_\_\_

**APPRENTICESHIP or SPONSOR INFORMATION**

Name of your Apprentice or Sponsor: \_\_\_\_\_  
Street address: \_\_\_\_\_  
Apprenticeship city/state/zip code: \_\_\_\_\_  
Date enrolled: \_\_\_\_\_ Date completed: \_\_\_\_\_ Hours accrued: \_\_\_\_\_

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

I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF NEW MEXICO**, County of \_\_\_\_\_

\_\_\_\_\_ being duly sworn, say that he/she is the person referred to in this application and that the statements therein contained are true in every respect.

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
Witness my hand and seal hereunto attached.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

