

Tattoo Artist Experience/Affidavit of Apprenticeship Completion

I, do hereby affirm and declare the following:

1. Professional Experience (if applicable):

I have actively practiced as a tattoo artist for a period of not less than two (2) years.

- Artist Name: _____
- Dates of Employment/Practice: From _____ to _____
- Supervisor/Employer (if applicable): _____

2. Apprenticeship Completion (if applicable):

I have successfully completed an apprenticeship program under the direct supervision of a licensed tattoo artist in accordance with Oklahoma State Health Department regulations.

- Mentor/Supervising Tattoo Artist Name: _____
- Completion Date of Apprenticeship: _____

3. Certification:

I certify that the above information is true and correct to the best of my knowledge. I understand that any false statement may result in penalties, including denial or revocation of licensure.

Signature of Tattoo Artist: _____

Date: _____

For Verification by Supervisor/Mentor:

I confirm that the above-named individual has completed the experience/apprenticeship as stated.

Signature of Supervisor/Mentor: _____

Date: _____