

# Supervision Agreement for Temporary Artist License

(Please print or type)

## Applicant's Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby certify and affirm, under the penalty of perjury, that the information on this form is correct. I understand that, as a temporary licensed tattoo artist and/or body piercer, I may practice only under the supervision of the below named supervisor in accordance with the Vigo County Body Art and Ear Piercing Ordinance.*

## Supervision Information: (to be completed by the Supervising Tattoo Artist and/or Body Piercer)

Name of Supervisor: \_\_\_\_\_

(Must have valid Regular Artist License)

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby certify and affirm, under the penalty of perjury, that the information on this form is correct and I will provide supervision for this applicant at all times when practicing at the above listed establishment. I understand and accept fully that I am responsible for the practice of the artist once the temporary license is issued. I agree that I will contact the Vigo County Health Department, in writing, when this agreement has been terminated.*