



Board of Barbers and Hairdressers

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

Body Piercing, Tattooing, or Permanent Cosmetic Coloring Trainee Permit Application Instructions

The Board of Barbers and Hairdressers will issue a student permit for the purposes of receiving training from a licensed practitioner of tattooing and permanent cosmetic coloring or body piercing. **Please read the instructions before completing the application. Faxed or emailed applications will not be accepted.**

The following must be received by the division in order for you to receive training:

1. APPLICATION

A signed, completed application (#08-4401, pages 1-2). Student must be 18 years of age when the training commences.

2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.140.

Permit Fee: \$100.00

Re-Enrollment Fee: \$ 5.00

3. CERTIFICATE OF SANITARY STANDARD

Submit a copy of the Certificate of Sanitary Standard issued to the shop in which the training will take place.

4. VERIFICATION OF CPR AND BLOODBORNE PATHOGENS TRAINING

Verification of completion of a CPR course and a blood borne pathogens course (*see requirements listed below).

5. STATEMENT OF RESPONSIBILITY

A completed Statement of Responsibility form (#08-4401a) from the practitioner who is providing training. Training must be received in a licensed shop in this state under a person who has a practitioner's license in this state in the field in which the trainee seeks training.

6. TRAINING CURRICULUM

Complete the appropriate curriculum form (included in this packet) and return it with this application.

*Please note that you must have valid proof of completing a CPR course and a blood borne pathogens course before you can begin your apprenticeship. When returning the application, you must also submit:

- A copy of a current CPR card; and
- A copy of a current blood borne pathogens card.

Upon receipt of a properly completed application, fees and required documentation, your application will be reviewed and if approved, a student permit will be issued. You may begin training upon receipt of the student permit. The training must be completed in not more than 12 months from the date of its commencement.

Apprentices, Shop Owners, and Instructors: Please be advised that in accordance with the statutes of postsecondary education (AS 14.48.030 and 12 AAC 17.015), a shop owner may not charge the apprentice a fee to receive training. If a shop owner charges the apprentice a fee for apprenticing, that shop owner may be acting as a school which requires authorization from postsecondary education.

Shop owners may be required to pay apprentices an hourly wage. For information, contact the wage and hour section in the department of Labor, in Juneau at (907) 465-4842; in Anchorage at (907) 269-4900; or in Fairbanks at (907) 451-2886.

After training has been completed, the trainer must provide proof of training on a form provided by the board.

EXAMINATION INFORMATION:

The written examination is scheduled through Prov. Approved candidates will be notified by this office and Prov that they are ready to schedule their examination. Exam fees will be paid directly to Prov. Candidate bulletin can be found on the Board's website at: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers.

NIC website: <https://nictesting.org/>

Prov website: <https://provexam.com/>



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

BAH

FOR DIVISION USE ONLY

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Body Piercing, Tattooing, or Permanent Cosmetic Coloring

Trainee Permit Application

PART I Application Type

Permit Type:

Body Piercing

Tattooing

Permanent Cosmetic Coloring

PART II Payment of Fees

Required Fees:

Trainee Permit Fee

\$100.00

Re-Enrollment or Transfer Fee

\$ 5.00

PART III Personal Information

Full Legal Name:

Last

First

Middle

Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).

Not Applicable

Other Names Used: _____

Mailing Address:

P.O. Box or Street

City

State

Zip

Contact Phone:

Date of Birth:

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.

Email Address:

Select One:

Send my Correspondence Electronically

Send my Correspondence by Mail

Note: If both boxes are selected above, you will receive correspondence electronically.

SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.

PART IV Shop Information

Name of Shop: (Where you want to apprentice)			
Name of Practitioner Providing Training:		Practitioner License Number:	
Complete Shop Mailing Address:	P.O. Box or Street	City	State Zip
Complete Shop Physical Address:	Street	City	State Zip
Shop Owner License Number: (NOT a business license number)		Shop Phone Number:	

PART V Agreement

By my signature below, I attest the information provided is true and correct and that I understand and agree that training must be received in accordance with 12 AAC 09, as appropriate.

Trainee Signature:		Date Signed:	
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Statement of Responsibility

→ **Applicant:** Please complete the identifying information below and forward a copy of this form to the practitioner who is providing training.

Applicant Name:			
Area of Practice:	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Tattooing	<input type="checkbox"/> Permanent Cosmetic Coloring

→ **Trainer:** Please complete this bottom part for the applicant identified above.

Shop Business Name (DBA) for Training:		Shop Owner License Number:	
Shop Business License Number:*		Phone Number:	
Complete Shop Physical Address:	Street	City	State Zip
Currently Licensed As:	<input type="checkbox"/> Tattooist	<input type="checkbox"/> Permanent Cosmetic Colorist	<input type="checkbox"/> Body Piercer
Trainer Professional License Number:			

*Shop owners must hold current professional and business licenses.

<p>In accordance with 12 AAC 09.185(b), a licensed practitioner may provide training to no more than two trainees simultaneously.</p> <p><input type="checkbox"/> I currently supervise no more than two trainees.</p> <p><input type="checkbox"/> I currently supervise the following trainees:</p>			
Name of Trainee:		Trainee Permit Number:	
Name of Trainee:		Trainee Permit Number:	
<p>I agree to assume full responsibility in training this trainee in this selected practice. This training will be held in compliance with the statutes and regulations set forth by the Board of Barbers and Hairdressers.</p> <p>I certify that the information provided is true and correct.</p>			
Trainer Printed Name:			
Trainer Mailing Address:	P.O. Box or Street	City	State Zip
Trainer Signature:		Date Signed:	



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Tattooing Training Curriculum

12 AAC 09.169 requires a tattooing student to receive **at least 1,000 hours of theoretical and practical training.** The training must be completed within one year from the date of commencement and include:

- A minimum of 270 hours of theory instruction.
- A minimum of 150 hours of practical operations broken out by:
 - a. 50 practical operations observed by the student;
 - b. 50 practical operations in which the student participated;
 - c. 50 practical operations performed by the student under supervision, but without assistance.

The 270 hours of theory must include the following:

Subject	Minimum Number of Theory Hours for Tattooing Curriculum
Safety, sanitation, sterilization and aseptic.	100
Anatomy and physiology.	30
Skin and skin disorders.	10
Aftercare techniques.	100
Equipment and supplies.	20
Alaska Statutes and Regulations.	10

In addition to the training mentioned above, a student must receive training in cardiopulmonary resuscitation (CPR) and blood borne pathogens. (Students will not be scheduled for the state examination without proof of a current CPR card and blood borne pathogens course.)

I acknowledge, by my signature below, that I will comply with the Tattooing Curriculum requirements referenced in 12 AAC 09.169.

Trainer Printed Name:			
Trainer Signature:		Date Signed:	
Trainee Printed Name:			
Trainee Signature:		Date Signed:	



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Body Piercing Training Curriculum

12 AAC 09.167 requires a body piercing student to receive **at least 1,000 hours of theoretical and practical training**. The training must be completed within one year from the date of commencement and include:

- A minimum of 270 hours of theory instruction.
- A minimum of 150 hours of practical operations broken out by:
 - a. 50 practical operations observed by the student;
 - b. 50 practical operations in which the student participated;
 - c. 50 practical operations performed by the student under supervision, but without assistance.

The 270 hours of theory must include the following:

Subject	Minimum Number of Theory Hours for Body Piercing Curriculum
Safety, sanitation, sterilization and aseptic.	100
Anatomy and physiology.	30
Skin and skin disorders.	10
Aftercare techniques.	100
Equipment and supplies.	20
Alaska Statutes and Regulations.	10

In addition to the training mentioned above, a student must receive training in cardiopulmonary resuscitation (CPR) and blood borne pathogens. (Students will not be scheduled for the state examination without proof of a current CPR card and blood borne pathogens course.)

I acknowledge, by my signature below, that I will comply with the Body Piercing Curriculum requirements referenced in 12 AAC 09.167.

Trainer Printed Name:			
Trainer Signature:		Date Signed:	
Trainee Printed Name:			
Trainee Signature:		Date Signed:	



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Permanent Cosmetic Coloring Training Curriculum

12 AAC 09.168 requires a permanent cosmetic coloring student to receive **at least 250 hours of theoretical and practical training**. The training must be completed within one year from the date of commencement and include:

- A minimum of 125 hours of theory instruction.
- A minimum of 75 hours of practical operations broken out by:
 - a. 25 practical operations observed by the student including, eight lips, eight eyeliners, and eight eyebrows and may include microblading;
 - b. 25 practical operations in which the student participated including, eight lips, eight eyeliners, and eight eyebrows and may include microblading;
 - c. 25 practical operations performed by the student under supervision, but without assistance including, eight lips, eight eyeliners, and eight eyebrows and may include microblading.

The 125 hours of theory must include the following:

Subject	Minimum Number of Theory Hours for Permanent Cosmetic Coloring Curriculum
Safety, sanitation, sterilization and aseptic.	45
Anatomy and physiology.	10
Skin and skin disorders.	10
Aftercare techniques.	30
Equipment and supplies.	10
Alaska Statutes and Regulations.	10
Emotional & psychological considerations of the client.	5
Face shape and color theory.	5

In addition to the training mentioned above, a student must receive training in cardiopulmonary resuscitation (CPR) and blood borne pathogens. (Students will not be scheduled for the state examination without proof of a current CPR card and blood borne pathogens course.)

I acknowledge, by my signature below, that I will comply with the Permanent Cosmetic Coloring Curriculum requirements referenced in 12 AAC 09.168.

Trainer Printed Name:			
Trainer Signature:		Date Signed:	
Trainee Printed Name:			
Trainee Signature:		Date Signed:	



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Profession Type (e.g., Acupuncture): _____

License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

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Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
1. Credit Card Number: _____	All 3 fields MUST be completed! This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	