



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

TATTOO PRACTICE AFFIDAVIT

Pursuant to Connecticut General Statutes Sec. 20-266o, I, _____,
certify under penalty of perjury that I have worked as a tattoo technician for a period of not less
than 5 years in Connecticut prior to January 1, 2015. **(Please note that this form must be
notarized).**

Name of applicant (please print)

Signature of applicant

Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public

Date

My Commission expires _____

Please return completed notarized form to:

Connecticut Department of Public Health
Tattoo Technician Licensure
410 Capitol Ave., MS# 12APP
PO Box 340308
Hartford, CT 06134
Fax: 860-707-1931
Email: Dph.healingarts@ct.gov