## OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION STATE OF NEW HAMPSHIRE 7 Eagle Square Concord, N.H. 03301 Telephone 603-271-2152

## INITIAL MICROBLADING CERTIFICATE APPLICATION

Applicant Information:				
Name:	Middle	Loot		
		Last		
Date of birth (MM/DD/YYYY):	Social Security Number*: *The OPLC is required by law to ask for your social security number. The number will be held confidential by the OPLC and used only for enforcemer of the laws governing child support. (42 USC 666(a)(13); RSA 161-B:11)			
Home Mailing Address:				
Street name & n	umber or PO Box number	Town/City	State	Zip Code
Home Telephone Number including a	rea code:			
Personal email address:				
Qualification Information:				
License Number of (check one):				
[ ] Cosmetology License:				
[ ] Esthetician License:				
Microblading Training:				
Name of Training Provider:				
Address of Training Provider:				
Instructor accredited by: [ ] Ameri	, ,,	( )		
	ty of Permanent Cosmetic F	( )		
Date Training Completed:				
Total Number of Hours of Instruction	Received:			
Prevention of Disease Transmission a	and Blood Borne Pathoge	ns:		
Name of Course:				
Course Provider:				
Date Completed:				
Application Attachments:				
The applicant must provide the following	with this application:			

- Copy of applicant's Microblading Training Completion Certificate that documents the information provided above; and
- Proof of completion of Prevention of Disease Transmission and Blood Borne Pathogens course.
- Application Processing Fee of \$110.00.

If fees are paid by check or money order, the check or money order should be made payable to "Treasurer, State of New Hampshire."

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By my signature, I certify that the information and documentation provided are true, complete, and not misleading to the best of my knowledge and belief. I understand that providing information that is false, incomplete, or misleading constitutes grounds for denial, suspension, or revocation of a certificate and potentially subjects me to prosecution under RSA 641 relative to falsification in official matters.

Applicant's Signature:\_\_\_\_\_

Date Signed:\_\_\_\_\_