



Mashantucket Pequot Tribal Nation
Environmental Health
 P.O. Box 3202
 Mashantucket, CT 06338-3202

Licensed Technician Registration Form

Salon Name: _____

Name: _____ Title: _____

License Number: _____ State: _____ License Type: _____

Contact Information:

Email: _____ Phone: _____

Mailing Address:

Street: _____ P.O. Box: _____

Town: _____ State: _____ Zip: _____

Check All Salon Activities to be practiced by this Technician:

Activities Requiring Technician License

- | | |
|---|--|
| <input type="checkbox"/> Barbering | <input type="checkbox"/> Massage Therapy |
| <input type="checkbox"/> Esthetics | <input type="checkbox"/> Pedicuring |
| <input type="checkbox"/> Eyelash Application | <input type="checkbox"/> <u>Body Art</u> |
| <input type="checkbox"/> Hairdressing/Cosmetology | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Manicuring | <input type="checkbox"/> Body Piercing |

Activities Not Requiring License

- Ear Piercing
- Other:
- _____
- _____
- _____

The following documents must be attached to this form:

- A copy of Salon Technician's trade license
- A copy of Salon Technician's driver's license

Also, for each Salon Technician practicing Body Art:

- A copy of first aid training certification by the American Red Cross or the American Heart Association
- A copy of Bloodborne Pathogen Training record (per OSHA standards 29 CFR1910.1030).
- Documentation of current Hepatitis B Vaccination (including applicable boosters)
(or alternately provide demonstrated Hepatitis B immunity or vaccination declination document)