

MPTN FOOD SAFETY & SANITATION



Licensed Technician Registration Form

Salon Name:

Name:

Title:

License Number:

License Type:

State:

Contact Information:

Home Phone:

Cell:

Email:

Mailing Address:

Street:

P.O. Box:

Town:

State:

Zip:

Check All Salon Activities to be practiced by this Technician:

Activities Requiring Technician License

Barbering
Hair Dressing/Cosmetology
Body Art
Tattooing
Body Piercing
Massage Therapy

Activities Not Requiring License

Ear Piercing
Manicuring
Pedicuring
Other (list below):

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)