



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Supervision Agreement for Provisional Registration for Tattoo and/or Body Piercers

(Please print or type)

Provisional Registrant Information:

Name

Home Address

City, State, Zip

Signature of Provisional Registrant

I hereby certify and affirm, under the penalty of perjury, that the information on this form is correct. I understand that, as a provisionally Registered Tattoo Artist and/or Body Piercer, I may practice only under the supervision of the below named supervisor in accordance with the supervision provisions as set forth in the Regulations Governing the Registration of Individuals Performing Tattooing and of Individuals Performing Body Piercing.

Supervision Information: (To be completed by the Supervising Tattoo Artist and/or Body Piercer)

Name of Supervisor

Registration Number

Employment

Employment Address

Employment City, State, Zip

Signature of Supervising Tattoo Artist and/or Body Piercer

I hereby certify and affirm, under the penalty of perjury, that the information on this form is correct and I will provide supervision for this applicant at all times when practicing at the above listed facility. I understand and accept fully that I am responsible for the practice of the registrant once a provisional registration has been issued. I agree that I will contact the Professional Licensure Office, in writing, when this agreement has been terminated.