



Board of Barbers and Hairdressers

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

Body Piercing, Tattooing, or Permanent Cosmetic Coloring Courtesy License Application Instructions

Your completed application and supporting documents must be received by the Board of Barbers and Hairdressers no later than 90 days before the date you plan to begin working in Alaska. Emailed applications will not be accepted.

A courtesy license authorizes an individual to practice body piercing, tattooing or permanent cosmetic coloring as a guest practitioner in a shop licensed by the board and under a sponsor who holds a current practitioner license in the field in which the courtesy licensee intends to practice.

A courtesy license is valid for 30 consecutive days. A person may not be issued more than two courtesy licenses in a calendar year. The period during which a courtesy license is valid may not be counted towards the training requirements of 12 AAC 09.167, 12 AAC 09.168 or 12 AAC 09.169.

If you wish to be licensed in body piercing, tattooing, or permanent cosmetic coloring, check the appropriate boxes on the application form and submit separate applications and license fees.

The following must be received by the division before your application for Courtesy License can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4404, pages 1-3).

2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.140.

Nonrefundable Application Fee:	\$ 80.00
Courtesy License Fee:	\$ 80.00
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Total Fees Due:	\$160.00

3. VERIFICATION OF WORK EXPERIENCE

Proof of work experience including one of the following, or a combination of, the following:

- Two notarized affidavits from students or employees verifying your paid work experience performing body piercing, tattooing, or permanent cosmetic coloring for at least 12 of the 24 consecutive months immediately preceding the date of application (using form #08-4404a);
– OR –
- At least one copy per month of a client release form for at least 12 of the 24 consecutive months immediately preceding the date of application. If submitting client release forms, ensure the applicant's name is reflected on the form(s) and do not include copies of client ID;
– OR –
- Other information acceptable to the board.

4. STATEMENT OF SPONSORSHIP

A completed Statement of Sponsorship form (#08-4404b) from the Alaska licensed practitioner who will be your sponsor.

5. VERIFICATION OF CPR AND BLOODBORNE PATHOGENS TRAINING

A copy of current cards issued by the American Red Cross, the American Heart Association or a similar organization approved by the board, verifying training courses in cardiopulmonary resuscitation (CPR) and bloodborne pathogens.

BAH Information

No one may practice body piercing or tattooing and permanent cosmetic coloring without being licensed. Body piercing on a minor may not be done without prior written permission from the minor's parent or legal guardian and the presence of the parent or legal guardian during the body piercing procedure.

Alaska Statute 08.13.217(a) states a person may not practice tattooing and permanent cosmetic coloring on a minor.

Alaska Statute 08.13.217(b) states a person may not practice body piercing on a minor without prior written permission from the minor's parent or legal guardian and the presence of the parent or legal guardian during the body piercing procedure. The person who performs body piercing shall keep a copy of the written permission on file for at least three years.

Alaska Statute 08.13.217(c) states a person who with criminal negligence violates this section is guilty of a class B misdemeanor. "Criminal negligence" has the meaning given in AS 11.81.900.

If you own a shop that performs body piercing or tattooing and permanent cosmetic coloring, you must obtain a "Shop Owner" license and business license.

SPECIAL ACCOMMODATIONS FOR EXAMINATION:

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit a completed Application for Examination Accommodation for Candidates with Disabilities form. This form is available on the division's website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers or contact the division to request the form.

General Information

APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

DENIAL OF APPLICATION:

Be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 requires a U.S. Social Security Number be on file with the division before a professional license is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at ProfessionalLicense.Alaska.Gov.

PUBLIC INFORMATION:

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or BusinessLicense.Alaska.Gov.

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.

Definitions: AS 08.13.220

- I. **"Body piercing"** means puncturing the body of a person by aid of needles or other instruments designed to be used to puncture the body for the purpose of inserting jewelry or other objects in or through the human body, except that, for purposes of this chapter, "body piercing" does not include puncturing the external part of the human ear.
- II. **"Tattooing"** means the process by which the skin is marked or colored to form indelible marks, figures, or decorative designs for nonmedical purposes by inserting or ingraining an indelible pigment into or onto the skin, microblading, or microneedling;
- III. **"Permanent cosmetic coloring"** means tattooing for the purpose of simulating hair or makeup, such as permanent eyeliner, lip color, eyebrows, and eyeshadow;
- IV. **"Shop"** is an establishment operated for the purpose of engaging in barbering, hairdressing, hair braiding, manicuring, esthetics, tattooing, permanent cosmetic coloring, or body piercing



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

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Body Piercing, Tattooing, or Permanent Cosmetic Coloring

Courtesy License Application

PART I Application Type

License Category:	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Tattooing	<input type="checkbox"/> Permanent Cosmetic Coloring
Name of Event:			
Courtesy License Start Date:			

PART II Payment of Fees

Required Fees:	<input type="checkbox"/> Application and Courtesy License Fee (\$80 is Non-Refundable)	\$160.00
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PART III Personal Information

Full Legal Name:	Last	First	Middle
<p>Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:			Date of Birth:
<p>EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.</p>			
Email Address:			Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p><i>Note: If both boxes are selected above, you will receive correspondence electronically.</i></p>			
<p>SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.</p>			

PART IV Work Experience

Name of Shop	Address	Employment Start Date	Employment End Date

PART V Professional License(s)

List all states in which you currently hold or have ever held a license.

State	License Number	License Category	Issue Date	Expiration Date

PART VI Alaska Law

I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.13 and 12 AAC 09).



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Notary Signature Page

Applicant Name:		
Alaska License Number (if known):		<input type="checkbox"/> <i>Application in Process</i>

PART VII Notarized Signature

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Affidavit of Work Experience for Courtesy License

Complete the identifying information below and forward a copy of this form to the individuals verifying your work experience. **Submit at least two sworn affidavits** from students or employees verifying you performed body piercing, tattooing, or permanent cosmetic coloring for a fee for at least 12 of the 24 consecutive months immediately preceding the date of application.

→ **Applicant:**

Note: An applicant may NOT verify their own work experience.

Applicant Legal Name:	Last	First	Middle
Applicant Address:	P.O. Box or Street	City	State Zip
Applicant Signature:			

→ **Student or Employee:**

Complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Barbers and Hairdressers at the letterhead address.

Applicant Performed for a Fee:	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Tattooing	<input type="checkbox"/> Permanent Cosmetic Coloring
Dates of Employment:			
How are you associated with the applicant?	<input type="checkbox"/> Employer	<input type="checkbox"/> Employee	<input type="checkbox"/> Student
Business Name:			
Business Address:	Street	City	State Zip

I certify the above information is true and correct to the best of my knowledge.

Notary Stamp	Verifier Printed Name:		Phone Number:	
	Verifier Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Statement of Sponsorship for Courtesy License

Applicant Legal Name:	Last	First	Middle
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→ **Sponsor:** Complete this bottom part for the applicant identified above.

Sponsor Name:		AK License Number:	
Phone Number:			
Practice of:	<input type="checkbox"/> Body Piercing <input type="checkbox"/> Tattooing <input type="checkbox"/> Permanent Cosmetic Coloring		
Shop Name:		Shop License Number:	
Shop Address:	Street	City	State Zip
Shop Phone Number:		Applicant Start Date:	

To the Board of Barbers and Hairdressers:

- I am licensed in Alaska.
- I am licensed in the same field as the applicant applying for the courtesy license.
- I understand the courtesy license will be valid for 30 consecutive days from the date of issue and the applicant may not be issued more than two courtesy licenses in a calendar year.
- I agree to assume the full responsibility of sponsoring the above applicant.

Notary Stamp	Sponsor Printed Named:			
	Sponsor Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		<p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		