



THE STATE  
of **ALASKA**

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

**BAH**

FOR DIVISION USE ONLY

**Board of Barbers and Hairdressers**

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**Termination of Student Training**

**For Tattooing and Permanent Cosmetic Coloring in Alaska**

<b>Student Name:</b>			
<b>Address:</b>			
<b>Shop Name:</b>		<b>Approved Trainer:</b>	

<b>Only provide dates for training that occurred within Alaska.</b>	<b>Date Training Began</b>	<b>Date Training Terminated</b>
	_____	_____

Minimum Number of Practical Operations Required	Number of Operations	Hours Earned
(1) Practical operations observed by student (50)	_____	_____
(2) Practical operations in which student participated (50)	_____	_____
(3) Practical operations performed by student under supervision, but without assistance (50)	_____	_____

Minimum Number of Theory Hours Required	Total Theory Hours Earned
(1) Safety, sanitation, sterilization, and aseptic (100)	_____
(2) Anatomy and physiology (30)	_____
(3) Skin and skin disorders (10)	_____
(4) Aftercare techniques (100)	_____
(5) Equipment and supplies (20)	_____
(6) Alaska statutes and regulations (10)	_____

12 AAC 09.185(G) requires that within 20 working days after termination of instruction of a tattoo and permanent cosmetic coloring trainee, a trainer must notify the department, on a form provided by the department, the date of termination, the total number and types of operations performed by the trainee, and the total number of hours and types of training received by the trainee.

<b>Total Number of Practical Operations Hours Earned:</b>	
<b>Total Number of Theory Hours Earned:</b>	

By my signature below, I certify the above-named student received instruction and training in the shop in the subjects required by 12 AAC 09.169. I have listed the operations performed and hours earned where indicated.

I further certify that the training, as reported on this form, was held in compliance with the board's statutes and regulations and that the information reported on this form is true and correct.

**The total hours reported on this form are subject to audit by the board and may be utilized to establish credit hours for transfer/reenrollment and/or completion to qualify an applicant for the examination.**

<b>Name of Trainer:</b>			
<b>Signature of Trainer:</b>		<b>Date:</b>	
<div style="border: 1px dashed black; padding: 5px; width: fit-content;">Notary Stamp</div>	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:
	Notary's Signature:		My Commission Expires: