



THE STATE  
of **ALASKA**  
*Department of Commerce, Community, and Economic Development*  
*Division of Corporations, Business and Professional Licensing*

**BAH**

FOR DIVISION USE ONLY

Barbers and Hairdressers Program  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550  
Email: [BoardOfBarbersHairdressers@Alaska.Gov](mailto:BoardOfBarbersHairdressers@Alaska.Gov)  
Website: [ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers](http://ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers)

### Monthly Report: Tattoo Trainees

<b>Name of Trainee:</b> _____	<b>Name of Shop:</b> _____
-------------------------------	----------------------------

<b>Report hours for:</b>	<b>Year:</b> _____	<b>Month:</b> _____	<b>Write in training hours for each day below:</b>																														
<b>HOURS</b>	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

<b>PRACTICAL OPERATIONS:</b>	<i>Number of Operations</i>
1. Number of operations observed: _____	_____
2. Number of operations participated in: _____	_____
3. Number of operations performed under supervision without assistance: _____	_____

<b>THEORY HOURS:</b>	<i>Number of Theory Hours</i>
1. Number of safety, sanitation, sterilization, and aseptic hours earned: _____	_____
2. Number of anatomy and physiology hours earned: _____	_____
3. Number of skin and skin disorders hours earned: _____	_____
4. Number of aftercare techniques hours earned: _____	_____
5. Number of equipment and supplies hours earned: _____	_____
6. Number of Alaska statutes and regulations hours earned: _____	_____

<b>Signature of the licensed instructor for this reporting month:</b>	
Printed Name of Licensed Instructor: _____	License #: _____
Signature of Licensed Instructor: _____	Date: _____

<b>I certify the correctness of this report:</b>	
Signature of Student: _____	Date: _____