

DISTRICT BOARD OF HEALTH MAHONING COUNTY
NOTARIZED STATEMENT OF ATTESTATION

I _____ hereby attest that _____
PRINT NAME OF INSTRUCTOR PRINT NAME OF APPRENTICE

has successfully completed an apprenticeship under my direct supervision and has received appropriate and sufficient training of adequate duration to competently perform (check only one of the following categories):

- tattoo services (training includes not less than 180 clock hours of hands-on experience)
- body piercing services (training includes not less than 80 clock hours of hands-on experience)
- both tattoo and body piercing services (training includes not less than 260 clock hours of hands-on experience)

I also acknowledge that I am qualified to provide such instruction in accordance with section 2 (G) of the District Board of Health Sanitary Requirements for Tattoo & Body Piercing Establishments.

Signature of instructor

Signed before me this _____ day of _____,
_____.

Notary