



STATE OF NEW MEXICO BODY ART EXAMINATIONS



CANDIDATE SCHEDULING FORM

Please complete the information requested below and place a check mark in the appropriate boxes. Candidates who wish to obtain a body art license must pass 2 examinations: theory and State Law theory once you have been approved by the board, and have submitted this form (completed) along with the appropriate fee to PCS, you will be mailed an *Authorization to Test* (ATT) letter. Once you receive the ATT letter for the theory examination, please refer to your *Candidate Information Bulletin* and the directions on your ATT for information on scheduling at a PSI test location.

Select Examination Type: ☐ Tattoo ☐ Body Piercing ☐ Permanent Cosmetic Tattoo

Examination Status: NOTE: If previously applied with PCS, please call toll-free 1-888-822-3272 to re-schedule a future examination.

☐ First Time Candidate ☐ Reinstatement Candidate – expired license number # _____

LANGUAGE PREFERENCE: CURRENTLY, THE ONLY LANGUAGE THAT IS AVAILABLE FOR THE ABOVE MENTIONED BODY ART THEORY EXAMINATIONS IS ENGLISH.

1. Name: _____
First Middle Initial Last

2. Social Security Number: _____ - _____ - _____ 3. Date of Birth: _____ / _____ / _____
Month Day Year

3. Mailing Address _____

City State Zip Code + 4

Email Address Home phone number Day phone number

4. **Examination Fees.** Payment must be by certified check or money order (payable to PCS) or credit card. Please record your social security number on the check. Place a check mark in the appropriate box indicating the type of payment. **NO PERSONAL CHECKS ACCEPTED.**

FEE: Theory Examination \$ 115

***NOTE: Candidates must register with the full legal name as it appears on their government issued identification. The name on the identification must be the same as the name used to register for the examination.**

5. **Informed Consent and Waiver Agreement:** I verify that this form is in the original format as supplied by Board/PCS and has not been altered or otherwise modified in any way. I agree that in the event my examination papers are lost, the presence of any unforeseen environmental distractions, or if the exam is not held for any reason, any claim I may have will be limited to the examination fee paid by me. The contents of the examinations are copyrighted under the laws of the United States. Copying, reproduction, reconstruction, or any action taken to reveal the contents of the examination in whole or part violates the copyright and is, therefore, unlawful. I also understand that no one can attempt to take an examination in my place and that I or anyone who attempts to do so may be investigated and prosecuted. I attest that I understand this statement and that I will not discuss nor divulge any information regarding this examination. I also understand that my name and scores may be released to the Board and the school I attend.

I agree that in the event of an illness and/or injury during or after the examination that I shall hold Professional Credential Services ("PCS"), its agents, examiners, candidates or the State Board contracting with PCS to administer these examinations harmless from any and all claims, injury, loss, damage, suits, actions, liabilities and cost of any kind for any and all claims by any party arising directly or indirectly from any acts or omissions in connection with this examination. I acknowledge that neither I nor any other party claiming through me shall have the right of action of any kind against the aforementioned organization or individuals with regard to any use or misuse of said products during this examinations and I release, with informed consent, PCS, its agents, examiners, candidates and the State from any liability with respect to the same. I also agree that I have read and agree with the full text of the *Informed Consent and Waiver Agreement* and Body Art Candidate information Bulletin.

X _____
Candidate Signature Date

Attach Recent 2x2
Head and shoulders
Passport type
Photo

Photocopy pictures
are not permitted



PAYMENT FORM

Applicant Name: _____

Social Security Number (Mandatory): _____ - _____ - _____

Fees are non-refundable and non-transferable
Personal checks are not accepted

Payment must be by certified check or money order (payable to PCS) or credit card (MasterCard/VISA Only). Please record your social security number on the check. Place a check mark in the appropriate box indicating the type of payment.

Payment Type: ☐ Cashier's Check/Money Order ☐ Credit Card (complete information below)

If paying by credit card: ☐ MasterCard ☐ VISA Authorized payment amount: \$ _____

Credit Card # _____ - _____ - _____ - _____ Expiration Date ____/____

Print Cardholder's Name _____

Authorized Signature _____

***If your credit card is declined, you will be required to submit a cashier's check or money order.**

Return this Payment Form with Examination Application.
DO NOT staple your payment to this form.

Note: This document will be shredded after it has been processed.

Mail Scheduling Form and Payment Form to:
Professional Credential Services / New Mexico Body Art
P.O. Box 198768 (U.S. Postal Service)
Nashville, Tennessee 37219-8689
150 Fourth Avenue North, Suite 800 (Courier Delivery)
Nashville, Tennessee 37219-2496
Toll free: (888) 822-3272 (615) 312-3782
Fax: (615) 846-0153
Web Site: <http://www.pcshq.com>