PIERCER/OPERATOR RECORD

(Please **PRINT** all information **IN INK**)

Use of this form is voluntary and not required by the Department of Health. The form is provided as a service to assist salons in complying with the record-keeping requirements of Chapter 64E-19, FAC.

Name:_____
(Last) (First) (Middle)

Home Address:_____

City, State, Zip:_____

Home Telephone Number: _____

Date of Birth:_____ Sex: _____

Date of Hire:_____

Duties and Responsibilities:_____

_____

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- Piercer/operator records must be kept for at least two (2) years after a person's employment ends.