

BODY ART PRACTITIONER REGISTRATION

CHECK ONE: New application Renewal

PROCEDURES TO BE PERFORMED: Check all that apply (see back for definitions)

Tattooing Body Piercing Branding Permanent Cosmetics

APPLICANT INFORMATION:

Name: _____ Other Name(s) Used: _____
Home Address: _____ City: _____ Zip Code: _____
Mailing Address: _____ City: _____ Zip Code: _____
Email: _____ Phone #: _____

Date of Birth: _____ Gender: Male Female
ID Type: CDL Other #: _____

Facility where Body Art Services Will be Provided:

Facility Name: _____ Owner: _____
Address: _____ City: _____ Zip: _____

Bloodborne Pathogen Training: Submit Certificate

Date Completed: _____ Training Provided by: _____

Hepatitis B Vaccination Status: Choose One and Submit Documentation

Certificate of Completed Vaccination Laboratory Evidence of Immunity
 Contraindicated for Medical Reasons Vaccination Declination

The undersigned hereby apply for a Body Art Practitioner Registration and agree to operate in accordance with all applicable State and local requirements governing safe body art practices. I have read and understand the attached Body Art Practitioner Requirements.

I hereby certify that to the best of my knowledge and belief the statements made herein are true and correct.

Signature: _____ Date: _____

Print Name: _____ Title: _____

FOR OFFICE USE ONLY

PE: 1901 Fee: \$ _____ OW: 000 _____ FA: 000 _____ PR: 000 _____ Date paid: _____ Check #: _____ Check Date: _____

Approved: _____ Date entered: _____