



Application for Body Art Technician Permit

Name:	Phone Number:
Mailing Address:	City/State/Zip:
Email Address:	
Name of permitted Body Art Facility where you will work:	
Address of Body Art Facility:	
Have you ever been infected with Hepatitis B, C or HIV:	

Please Attach the Following Documents:

- Proof of immunization against Hepatitis B
- Current Blood Borne Pathogens training certificate
- Current of CPR and First Aid training certificate
- List of body art techniques you will practice (tattooing, piercing, etc.)
- Copy of all Patron Forms

Office Use Only

Body Art Technician Written Exam Date:	
Exam Score:	
Sanitary Body Art Demonstration Date:	
Signature of Health Department Inspector: _____ Date: _____	
Approved: <input type="checkbox"/> Rejected: <input type="checkbox"/>	
Fees Received: \$ _____	_____ <small>Initials</small>