



APPLICATION FOR BODY ARTIST PERMIT

Date: _____

Name of Applicant: _____ Phone: (_____) _____

Mailing Address: _____
City State Zip

Email Address: _____

Name of permitted Body Art Facility where you will work: _____

Body Art Facility Address: _____
City State Zip

Business/Instructor where you received training: _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- Proof of immunization against Hepatitis B
- Current Bloodborne Pathogens training certificate (from an industry-specific program)
- Current First Aid and CPR training certificate (American Red Cross or equivalent)
- Valid government issued ID (a copy will be made by the Health Department)
- Proof of one of the following:
 - Three (3) month apprenticeship with a body art establishment permitted by its local Health Department, and a written and signed statement from the establishment outlining the apprenticeship training (*this option is only available for tattooers and piercers*).
 - 80 hours of supervised training at a body art establishment permitted by its local Health Department. Training must be documented in hourly increments by the individual doing the training (request associated documents). A copy of a training certificate from an *in-person* training course is also required and *may* be credited to the 80 hours.
 - 30 consecutive months work experience as a body artist at a permitted establishment.
 - Persons with a valid medical license *may* be exempt from this requirement.
- List of body art techniques you will practice (tattooing, piercing, permanent cosmetics, etc.)
- Copy of all Patron Forms (consent forms, medical questionnaire, aftercare, etc.)

I have read the Southwest Utah Public Health Department's Body Art Regulation and agree to comply with the requirements detailed in the Regulation.

Applicant's Signature: _____ Date: _____

Office use Only	
HBV Vaccine Series:	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third
Body Artist Written Exam Date:	
Exam Score (passing score 80%):	
Sanitary Body Art Demonstration Date:	
Signature of Health Department Inspector: _____ Date: _____	
Approved: <input type="checkbox"/> Rejected: <input type="checkbox"/>	
Fees Received: \$ _____	Initials _____

APPLICATIONS WILL NOT BE REVIEWED UNTIL ALL REQUIRED DOCUMENTATION IS RECEIVED