



**BODY ART PRACTITIONER REGISTRATION APPLICATION**

**1. REQUIRED PERMIT** (If you are both a practitioner and facility owner you are required to apply for both a practitioner registration and a facility health permit)

Body Art Practitioner Annual Health Permit and Annual Registration

**2. TYPES OF SERVICES PROVIDED** (Check all that apply)

Tattooing       Body Piercing       Permanent Cosmetics       Branding

**3. BODY ART PRACTITIONER INFORMATION**

NAME	PHONE	ID / DRIVER'S LICENSE #	
HOME ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS			
LIST ALL FACILITIES WHERE YOU CURRENTLY ENGAGE IN THE PRACTICE OF BODY ART SUCH AS TATTOOING, BODY PIERCING OR THE APPLICATION OF PERMANENT COSMETICS			
FACILITY NAME	STREET ADDRESS	BUSINESS PHONE NUMBER	
OWNER NAME	MAILING ADDRESS	DAYS & HOURS OF OPERATION	

**4. BODY ART FACILITY OWNER APPROVAL OF PRACTITIONER**

I hereby certify as the owner of the above noted Body Art Facility that the **Body Art Practitioner** submitting this application is **approved to work** in my **Body Art Facility, pending their Body Art Practitioner Registration Approval.**

Body Art Facility Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**5. BODY ART PRACTITIONER ATTACHMENTS** (The following attachments are required to be submitted with this application)

1. Copy of photo identification or driver's license.
2. Copy of a certificate of completion of Hepatitis-B Vaccination, laboratory evidence of immunity, or Hepatitis-B Vaccination declination compliant with Federal OSHA requirements. (Hepatitis-B Vaccination declination form available upon request)
3. Copy of a certificate of completion of OSHA compliant bloodborne pathogen training. (List of courses available upon request)
4. Copy of consent forms and aftercare directions provided to the customer for procedures.

I understand that the **Body Art Practitioner Annual Registration is not transferable to another Practitioner. I hereby certify that to the best of my knowledge and belief the statements made herein are true and correct.**

Body Art Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Program (PE): _____	Fees: _____ (CASH / CHECK)	Check No. _____	Payment Date: _____
Receipt No: _____	Received by: _____	REHS Approval: _____	
Owner ID: _____	Facility ID: _____	Envision Entry By: _____	Envision Entry Date: _____