

APPLICATION FOR BODY ART PRACTITIONER

Name	
Date of Birth	
Residence Address	
Mailing Address <i>If different from the residence address</i>	
Phone Number	
Place(s) of Employment as a Body Art Practitioner <i>Name and address of establishment</i>	
Required Training for All Practitioners <i>Please attach documentation on both</i>	Bloodborne Pathogen Training Program: Y "Preventing Disease Transmission" by American Red Cross Y "Bloodborne Pathogen Training" by OSHA Y Other Program (<i>Please specify</i>):
	First Aid and Cardiopulmonary Resuscitation (CPR): Y American Red Cross Y Other Program (<i>Please specify</i>):
Additional Required Training for Body Piercing Practitioner <i>Not required for tattoo practitioner</i>	Anatomy: Y Course or Examination. (<i>Please specify and attach documentation</i>) Y Combination of Training & Experience. (<i>Please specify and attach documentation</i>)
Additional Required Training for Tattoo Practitioner <i>Not required for body piercing practitioner</i>	Skin Diseases, Disorders and Conditions, Including Diabetes: Y Course or Examination. (<i>Please specify and attach documentation</i>) Y Combination of Training & Experience. (<i>Please specify and attach documentation</i>)

*** Permit fee of \$25 is due with application. ***

Operator Signature: _____ Date: _____

For Board of Health Use Only:

Date Received:			
Approved (Y/N)?		By:	
Permit Number:			

