



Georgia Department of Public Health
 Environmental Health Section | Body Art Program
 dph.georgia.gov/environmental-health

APPLICATION FOR BODY ARTIST CERTIFICATION

APPLICANT INFORMATION

Legal Name of Applicant: _____
First Middle Initial Last Suffix (Sr, Jr, III)

Date of Birth: ____/____/____ Resident County: _____

Resident Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Primary Phone #: _____ Secondary Phone #: _____ Email: _____

AREA(S) OF PRACTICE/ TRAINING

Body art procedure(s) to be performed (Check all that apply): Tattooing Piercing Microblading

Expiration Dates for Training:

Bloodborne Pathogen/Universal Precautions: ____/____/____ CPR: ____/____/____ First Aid: ____/____/____

Type of Government Issued Identification: _____ **Expiration Date:** ____/____/____

Hepatitis B Virus Vaccination Verification Document (Check one):

- Proof of Vaccination
- Written Laboratory Evidence of Immunity
- Healthcare Provider Issues Contraindicated for Medical Reasons
- Signed Declination

I, _____, affirm all the information provided in this application (including the Verification of Residency and all supporting documents) is true to the best of my knowledge. I understand that any misrepresentation, omission or concealment of material facts is grounds for denial or revocation of my Body Artist Certification. I have read and agree to abide by the Department of Public Health, Rules and Regulation for Body Art, Chapter 511-3-8.

Applicant Signature: _____ Date: ____/____/____

Please attach the following documents using the Attachment Button. If any of these items are missing, your certification will be delayed.

Copy of Government Issued ID	Signed and Notarized Verification of Residency	Bloodborne Pathogen Training Certificate	CPR Training Certificate	First Aid Training Certificate	Hepatitis B Vaccination Status or Signed Declination