GEORGIA DEPARTMENT OF PUBLIC HEALTH

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

LETTER OF CONSENT FOR GUEST BODY ARTIST PERMIT

Guest Body Artist Information:

Body Art procedures to be performed (Check all that apply): ❍ Tattooing ❍ Piercing ❍ Microblading

Name of Guest Body Artist: _____

Resident Address: Resident County: _____

_____
Street City State Zip Code

_____
Signature of Guest Body Artist Permit Applicant

I hereby certify and affirm that the information on this form is correct. I understand that, as a guest body artist, I may practice only under the direct supervision of the below named supervisor in accordance with the supervision provisions as set forth in 511-3-8 .07(11). Any person who violates any provision of this Article or any rule or regulation promulgated under O.C.G.A. 31-40 by the Health Authority shall be guilty of a misdemeanor.

Supervisor/Sponsor Information: (To be completed by the certified body artist)

Name of Certified Body Artist: _____

DPH Certification Number: _____ Certified in: ❍ Tattooing ❍ Piercing ❍ Microblading

Address of Body Art Studio: Body Art Studio Permit Number: _____

_____
Street City State Zip Code

_____
Signature of Sponsoring Artist

I hereby certify and affirm that the information on this form is correct, and I will provide supervision for this applicant at all times when practicing at the above listed facility. I understand and accept fully that I am responsible for the practice of the applicant once a guest body artist permit has been issued. Any person who violates any provision of this Article or any rule or regulation promulgated under O.C.G.A. 31-40 by the Health Authority shall be guilty of a misdemeanor.