

APPLICATION FOR TEMPORARY BODY ARTIST PERMIT INSTRUCTIONS

A Temporary Body Artist Permit is granted by the local health department. No body artist shall practice body art at a Temporary Studio without a Temporary Body Artist Permit issued by the Health Authority or a body artist certification issued by the Department. The Health Authority may issue a seven day permit to engage in the practice of body art if the body artist is not currently certified by the department. A temporary body artist permit will allow a person to practice body art only in a permitted Temporary Studio under the supervision of the permit holder for seven consecutive days.

Instructions:

- 1. Complete the application. Do not leave any item blank and enter "NA" for non-applicable items.
- 2. Submit the completed application no less than ten days in advance of the event. The local county health department that has jurisdiction for the temporary body art studio location, where the applicant intends to practice body art, will review the application and issue a permit.
- 3. This application must be accompanied by the following:

 $\hfill\square$ Permit fee paid to the local health department

 \Box Copy of a government-issued photo identification confirming at least 18 years of age

□ A copy of a certificate of training proving completion of an OSHA-compliant Blood borne Pathogen/Universal Precautions training program

- □ A copy of a certificate of training proving completion of a Basic First Aid/CPR course
- □ Hepatitis B Vaccination Status Disclosure (at least one of the following)
 - \Box Documentation of HBV vaccination

□ Laboratory evidence of immunity or documentation of no response following two full HBV vaccine series

□ Documentation stating the vaccine is contraindicated for medical reasons. Contraindications require a dated and signed licensed health care professional's statement specifying the name of the Body Artist applicant or employee and that the vaccine cannot be given,

□ Signed certificate of vaccination declination of HBV as required by OSHA.



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Z	Legal Name of Applicant						
APPLICANT NFORMATION	Legal Name of Applicant First		Middle Initial	Last	S	Suffix(Sr, Jr, III)	
	Address:						
'Z	Street Primary Telephone #:		Email	City	State	Zip Code	
	Primary Telephone #:		Eman:				
	Body art procedure(s) to be	e performed (Check a	all that apply): O Tat	tooing O Piercing	g O Micro	blading	
	Expiration Dates for Training:						
AREA(S) OF PRACTICE/ TRAINING	Bloodborne Pathogen/Unive	rsal Precautions:	// CPR:	//	First Aid:	//	
	Type of Government Issue		Expirat	ion Date:	//		
	Hepatitis B Virus O Proof						
	Vaccination Verification Document (Check one):			 O Written Laboratory Evidence of Immunity O Healthcare Provider Issues Contraindicated for Medical Reasons 			
	O Signed Declination						
	Name of Temporary Studio:						
IEMPUKAKY BODY ART STUDIO	Address of Temporary Body Art Studio:						
	Street			City		Zip Code	
	Telephone #:	Fax #:		_ Email:			

Date: _____

Applicant Signature: _____