



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:
 - Permit fee paid to the local health department
 - 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)
 - 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.



APPLICATION FOR TEMPORARY BODY ARTIST PERMIT

Permit is valid for up to 7 consecutive days.

Specify Dates: From ___/___/___ To ___/___/___

APPLICANT INFORMATION

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

Address: Street City State Zip Code

Primary Telephone #: 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

TEMPORARY BODY ART STUDIO

Name of Temporary Studio:

Address of Temporary Body Art Studio: Street City State Zip Code

Telephone #: Fax #: Email:

I, (Legal Name of Applicant), affirm that all the information provided in this application (including 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 Temporary Body Artist Permit. 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: