



TATTOO & BODY PIERCING TEMPORARY ARTIST LICENSE Application

Please Select One: [] Body Piercing Temporary Artist License [] Tattoo Temporary Artist License

APPLICATION REQUIREMENTS:

- [] Complete Application [] Bloodborne Pathogen Certification
[] Notarized copy of photo ID [] First Aid Certification
[] Notarized copy of birth certificate [] CPR Certification
[] Affidavit of Lawful Presence [] \$50 License Fee
[] Proof of 2 years of licensed experience or Proof of completion of an approved apprenticeship

PLEASE PRINT CLEARLY OR TYPE:

Applicant Name: _____ First MI Last

Residence Address: _____ Address City State Zip

Mailing Address: _____ Address City State Zip

Date of Birth: _____ Social Security Number: _____ Sex: [] Male [] Female

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Shop(s) to work in: _____

Shop License #(s): _____

Temporary License Start Date: _____ End Date: _____

A Temporary License cannot exceed 7 consecutive days.

Have you applied for a tattoo or body piercing temporary license prior to this application? [] Yes [] No

If Yes, please list the type(s) and date(s) of your prior application(s): [] Body Piercing [] Tattoo

Date(s): _____

NOTE: You must be at least eighteen (18) years old to be eligible to receive this license.

All license holders must maintain current Bloodborne Pathogen, CPR, and First Aid certifications when practicing with this license.

I HEREBY CERTIFY this application contains no willful misrepresentation or falsification and the information given by me is true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

(Please retain a copy of the completed application for your records.)

FOR OSDH USE ONLY

This signature acknowledges that the applicant meets the requirements to be licensed as an artist in the designated category.

OSDH Staff

Signature: _____ Date: _____