



Columbus Department of Public Health

Environmental Health

2100 Comer Avenue · Post Office Box 2299 · Columbus, Georgia 31902-2299
Telephone: (706) 321-6300 Fax: (706) 321-6126

Application Requirements for **Tattoo/Body Piercing Artist Permit**

Date: _____ Body Artist's Name: _____

The application for a **Tattoo/Body Piercing Artist Permit** must include the following:

1. _____ Notarized Verification of Residency form
2. _____ Tattoo/Body Piercing Artist Permit Application Date Received: _____
3. _____ Proof of current First-aid certification. CPR only not acceptable. Expires: _____
4. _____ Proof of current completion of Blood-borne Pathogen training program Expires: _____
5. _____ Hepatitis B Vaccine Requirement

Must comply with 1 out of 3 below:

- Proof of Hepatitis B Vaccination series completion **OR** was offered and declined in writing, or
- Proof of antibody testing results – immune to Hepatitis B, or
- Statement of Contraindication to Hepatitis B - **requires a dated and signed physician's statement specifying the name of the employee and that the vaccine cannot be given.**

6. _____ Copy of government issued picture I.D. Expires: _____
7. _____ ARTIST PERMIT FEE Received: YES or NO



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Name of Artist	Date of Birth	Sex	Phone #
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Residence Address	City	Zip Code
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Mailing Address	City	Zip Code
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Email Address

Place of Employment as an Artist (Name of Permitted Tattoo Studio)

Training and Experience

Check all that apply: Tattoo Artist

Body Piercer

This certifies that I have made application to the local Health Department for a permit as a Body Artist. I am cognizant of the current Rules and Regulation of the local Health Department - Board of Health, relating to Body Artists, and I realize that non-compliance with said Rules and Regulations will be sufficient cause for the revocation of this permit should it be granted.

Body Artist Permits are NON-TRANSFERABLE regarding location and/or ownership.

Applicant Signature: _____ Date: _____