



West Central Health District Environmental Health

Application Requirements for Tattoo/Body Piercing Artist Permit

Date: _____ Tattoo/Body Piercing Artist's Name: _____

Name of Permitted Body Art Studio where Artist will Operate: _____

Body Art Studio Address: _____

The application for **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 Requirement Received: _____

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. _____ Tattoo/Body Piercing Artist Permit Fee Received: YES or NO

Revised 6/18/2020

