



## BODY ART OPERATOR/TECHNICIAN LICENSE APPLICATION

BIANNUAL FEE: \$60

NAME		TELEPHONE NUMBER	
MAILING ADDRESS		CITY/STATE	ZIP CODE
EMAIL ADDRESS		DATE OF BIRTH	DATE OF LAST HEP B VACCINATION*
ESTABLISHMENT NAME		ESTABLISHMENT OWNER	
ESTABLISHMENT ADDRESS		CITY/STATE	ZIP CODE
<b>PROCEDURES TO BE PERFORMED:</b>			
Body Piercing    Tattooing    Cosmetic Tattooing    Branding    Scarification    Other			
<b>TRAINING AS A BODY ART OPERATOR/TECHNICIAN</b>			
(Detail any classes, internships, apprenticeships, or certifications you have completed)			
<b>EMPLOYMENT HISTORY AS A BODY ART OPERATOR/TECHNICIAN</b>			
(List dates and place(s) of employment as a body art operator/technician)			

Please attach a photo copy of your ID, proof of Hepatitis B vaccination, proof of completion of a Bloodborne Pathogen training, and proof of completion of any CPR and/or First Aid training.

\*Declination paperwork must be signed and filed with the Department.

I have read and understand the requirements as detailed in the Western Plains Public Health's Body Art Code and Guidelines and agree to the terms and requirements for a Body Art Establishment. I further agree to the requirements of the Code in their entirety as relates to hiring, operating and maintaining records. I understand that failure to abide by the requirements of the Code may result in legal action against the license and license holder. **Western Plains Public Health's Body Art Code as well as an online payment link can be found at: <https://www.westernplainsph.org/body-art-safety-sanitation>**

SIGNATURE		DATE	
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**FOR OFFICE USE ONLY**

REVIEWED BY	DATE	CURRENT CPR/FIRST AID	CURRENT BBP TRAINING
DATE PAID	CASH/CHECK #/CC	COPY OF ID	HEP B
			AMOUNT