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BODY ART OPERATOR LICENSE APPLICATION

Biannual Fee: \$50.00

Attach proof of attendance at a bloodborne pathogen training program (or equivalent) and proof of Hepatitis B vaccination

NAME	DATE OF BIRTH	TELEPHONE NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE
BODY ART ESTABLISHMENT	EMAIL ADDRESS		
ESTABLISHMENT ADDRESS	CITY	ZIP CODE	
DATE OF LAST HEPATITIS "B" VACCINATION			
TRAINING AS A BODY ART TECHNICIAN/OPERATOR (In the space below, detail any classes, internships, apprenticeships you have completed.)			
EMPLOYMENT HISTORY (In the space below, list dates and place(s) of employment as a body art technician/operator.)			

I have read and understand the requirements as detailed in the Western Plains Public Health Body Art Code and Guidelines and agree to the terms and requirements for a Body Art Operator. I further agree to the requirements of the Code in their entirety as relates to 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.

AUTHORIZED SIGNATURE		
TITLE	DATE	
For Office Use Only		
REVIEWED BY	DATE	
DATE PAID	CASH/CHECK #	AMOUNT