

ALABAMA DEPARTMENT OF PUBLIC HEALTH

APPLICATION
FOR A BODY ART OPERATOR PERMIT

DATE _____ COUNTY _____

NAME OF OPERATOR _____

RESIDENCE ADDRESS _____

MAILING ADDRESS, if different: _____

SEX _____ Date of birth: _____ Social Security Number _____
(requested, not required)

APPROVED TRAINING COURSE COMPLETED ON : _____
Date of course completion
Must have been within the previous 36 months.

ATTACH COPY OF CERTIFICATE

FACILITY NAME _____ TELEPHONE NUMBER _____
Primary place of employment; once issued, the Operator's Permit is valid at any facility.

TYPE OF PROCEDURES PERFORMED — Check all that apply:

- Tattooing (including cosmetic tattooing)
- Body piercing
- Branding
- Scarification

I hereby certify that the above statements are true and correct, and I agree to comply with all of the provisions of the State Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to examine or verify any documentation necessary to determine compliance with said Rules. FURTHER, I understand that false statements or failure to provide requested documentation or verification upon request shall be cause for suspension or revocation of my Body Art Permit to Operate.

Signed _____

FOR OFFICIAL USE ONLY

Application Approved By: _____

Local Health Department

Date _____

Permit Number Issued: _____

Issue Date: _____

Expiration Date: _____