

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:

Permit Number Issued:

Issue Date:

Local Health Department

Date

Expiration Date: