Southwest Utah Public Health Department
168 N. 100 E.
St. George, UT 84770
435-673-3528

APPLICATION FOR BODY ART TECHNICIAN PERMIT

Name:		**Phone Number:**
Street Address:		**City/State/Zip:**
Date of Birth:	**Social Security Number: – –**	**Gender:**
Mailing Address (if different from above):		**City/State/Zip:**
Name of Employer:		
Street Address:		**City/State/Zip:**

MEDICAL HISTORY

Have you ever been told that you have been infected with Hepatitis B or C? Yes _____ No _____

Have you been immunized against Hepatitis B? Yes _____ No _____

Proof Provided:

Physician's Signature _____

Immunization titer _____

Vaccination Record _____

TRAINING/EXPERIENCE

Please list all applicable training and/or experience you have received (Refer to Sec 5B.3 g,h,andi. Include copies of certificates, diplomas, etc. Be specific): _____

_____

_____

_____

_____

_____

EDUCATION AND KNOWLEDGE

Please describe your knowledge as required in Sec 5B.4 a,b,c. Be specific: _____

I hereby certify that all of the above statements made in this application are true and I agree and understand that any mis-statement of material facts herein may be cause for denial or revocation of my Body Art Technician Permit.

I understand that my Body Art Technician Permit is to be renewed on a bi-annual basis (every 24 months) and that a current Health Permit must be in my possession at all times while engaged in the practice of Body Art. Furthermore, I have reviewed the requirements for Body Art Technician licensure and agree to comply with all said requirements.

Signature: _____ Date: _____