

BODY ARTIST/OPERATOR PERMIT APPLICATION

I hereby make application to the Portsmouth Health Department for a permit to operate as a:

- Tattoo Artist Tattoo Artist Apprentice Body Piercer Body Piercer Apprentice

Name of Establishment: _____

Address: _____ Portsmouth, VA Zip: _____

APPLICANT INFORMATION:

Name: _____
(Last) (First) (MI)

Date of Birth: _____
(Month-Day-Year)

Home Address _____
(House/Apt# & Street) (City, State) (Zip)

Phone Number(s) _____
(Home) (Cell) (Fax)

PLEASE SUBMIT DOCUMENTATION TO SUPPORT THE FOLLOWING:

Place in the appropriate box and record the appropriate date for each of the following:

CPR CERTIFICATION

- American Red Cross
 American Heart Assoc.
 Other _____
Expiration Date _____

HEPATITIS B IMMUNITY

- Vaccination
 Laboratory evidence of immunity
Issue Date _____

VIRGINIA DPOR TATTOO/BODY PIERCER LICENSE

- Yes License # _____ Expiration Date _____
 No (Have NOT Begun The Process Of Obtaining Thru DPOR)
 No (Have Begun The Process Of Obtaining Thru DPOR)

FIRST AID CERTIFICATION

- American Red Cross
 American Heart Assoc.
 Other _____
Expiration Date _____

ANNUAL TUBERCULOSIS SCREENING

- PPD skin test
 Risk assessment
Issue Date _____

BLOODBORNE PATHOGEN CERTIFICATION

- American Red Cross
 American Heart Assoc.
 Other _____
Expiration Date _____

I the undersigned certify that the information I have provided is a true and complete statement according to my knowledge and belief. I certify that I have read, understand, and complied with all the laws of Virginia (Title 54.1, Chapter 7 of the Code of Virginia) and the City of Portsmouth's Code pertaining to Body Art.

(Applicant Signature)

(Date)