



## 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     Student

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 \_\_\_\_\_  
Signed Declination Form \_\_\_\_\_

#### 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 \_\_\_\_\_

#### BLOODBORNE PATHOGEN CERTIFICATION

- American Red Cross  
 American Heart Assoc.  
 Other \_\_\_\_\_  
Expiration Date \_\_\_\_\_

#### ANNUAL TUBERCULOSIS SCREENING

- Risk Assessment Expiration Date \_\_\_\_\_  
 Other \_\_\_\_\_

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 Municipal Code (Chapter 3, Article III) pertaining to Body Art.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)