ALABAMA DEPARTMENT OF PUBLIC HEALTH
APPLICATION
FOR A BODY ART OPERATOR PERMIT

Date: **5/6/2020** County: **Shelby**

Name of Operator: -

Residence Address: ,

Mailing Address: ,

Phone Number: ☐ **Male** ☐ **Female** Date of Birth: Operator SSN: **000-00-0000** (Requested, not required)

Primary Facility Name: _____

TYPE OF ACTIVITY: (Check all that apply)

☐ **Tattooing** ☐ **Body Piercing**

☐ **Branding** ☐ **Scarification**

Years of Experience _____

☐ **Other (List Exact Duties, i.e. Sterilization of equipment, Cleaning of facility, etc...):**

_____

Bloodborne Pathogen Training Course and Date Taken: _____

Attach copy of certificate for Bloodborne Pathogen course completed within the previous 36 months.

Attach copy of Hepatitis B vaccination record, declination form, or proof of immunity.

***** For NEW applications: Attach a copy of your photo identification.**

I hereby certify that the above statements are true and correct, and I (we) 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 observe or inspect sanitary procedures in any licensed body art facility where body art practices or procedures are performed.

Signed _____

Title _____

Check # _____ **Cash** _____

FOR OFFICIAL USE ONLY

Permit Number Issued: _____

Issue Date: _____

Expiration Date: _____

☐ Hepatitis Vaccination Record on File

☐ Vaccination Refusal Letter on File

☐ Proof of Immunity

If Applicable: **Fee Code:** _____ **Fee Paid:** $ _____

Fee Amount: $0.00 **Receipt Number:** _____ **Client Number:** _____

Are products from this establishment distributed in intercounty commerce? **YES** ☐ **NO** ☐

Application Approved By:

_____ _____

Local Health Department **Date**