



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

Date _____ County _____

Name of Operator _____

Residence Address _____ City _____, State _____ Zip _____

Mailing Address _____ City _____, State _____ Zip _____

Phone Number _____ ☐ Male Date of Birth _____

☐ Female

Primary Facility Name _____

TYPE OF ACTIVITY (check all that apply) _____ Years of Experience _____

☐ Tattooing

☐ Body Piercing

☐ Branding

☐ Scarification

☐ Other (List exact duties, i.e. sterilization of equipment, cleaning of facility, etc.):

Bloodborne Pathogen Training Course and Date Taken _____

Attach the following:

- Copy of certificate of Bloodborne Pathogen course completed within the previous 36 months
- Copy of Hepatitis B vaccination record, OR declination form, OR proof of immunity
- Copy of photo identification (for NEW applications)

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 _____

Issued Date _____

Expiration Date _____

☐ Hep Vaccination Record on File

☐ Vaccination Refusal on File

☐ Proof of Immunity

If applicable: Fee Code _____ Fee Paid \$ _____

Fee Amount _____ Receipt # _____

Client # _____

Are products from this establishment distributed in intercounty commerce?

☐ Yes ☐ No

Application Approved By _____

Environmentalist _____

Date _____