



Rockdale Environmental Health Services
1329 Portman Drive – Suite F
Conyers, GA 30012
Phone: 770.278.7340
Fax: 770.278.8919
www.gnrhealth.com

BODY ARTIST APPLICATION

Date: _____

Full Legal Name of Body Crafter: _____

Aliases: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Name of Body Art Studio: _____

Address of Body Art Studio: _____

Phone Number: _____

Please attach the following items to this application:

1. Copy of valid driver's license or valid state-issued photo identification
2. Copy of emergency first-aid and CPR certifications
3. Copy of blood-borne pathogen or infection control certification
4. Copy of sterilization and sanitation certification

The undersigned hereby applies for a body artist permit to operate as a body artist in a permitted body art studio pursuant to the Rules and Regulations of the Rockdale Board of Health for Body Art Studios and hereby certifies that he/she acknowledges that they have read and understands these rules and regulations. The undersign hereby acknowledges that body artist permits are not transferable and are no longer valid if the body artist changes studios, ceases to operate, or fails to renew permit. The undersigned hereby agrees to return any such invalidated permit to Rockdale County Environmental Health within seven days of the permit's becoming invalid. The undersigned hereby certifies that the information included in this application is correct and that if any deviation is made without permission from Rockdale County Environmental Health may nullify final approval of such permit.

Signed: _____

Title: _____

_____ Date _____