



ENVIRONMENTAL HEALTH OFFICES

GWINNETT

455 Grayson Highway, Suite 600
Lawrenceville, GA 30046
770.963.5132
866.265.4293

NEWTON

1113 Usher Street, Suite 303
Covington, GA 30014
770.784.2121
770.784.2129

ROCKDALE

1329 Portman Drive, Suite F
Conyers, GA 30094
770.278.7340
866.551.0133

GUEST BODY ART ARTIST APPLICATION

Application Date Operation Dates: From To
Guest Body Artist Permit is valid for up to 7 consecutive days

APPLICANT INFORMATION

Legal Name of Applicant
Address
City State Zip
Phone () E-mail

AREA(S) OF PRACTICE/TRAINING

Body Art Procedure(s) to be Performed (Check All Applicable):
Expiration Dates for Training:
Bloodborne Pathogens/Universal Precautions CPR First Aid
Type of Government Issued Identification (ID) ID Expiration Date
Hepatitis B Virus Vaccination
Verification (Check One):

SPONSORING BODY ARTIST/STUDIO INFORMATION

Certified Body Artist Name
DPH Certification Number Certified In:
Body Art Studio Address
City State Zip
Body Art Studio Permit # Phone () Fax ()
E-mail

I, (Legal Name of Applicant), affirm that all the information provided in this application (including all attached documents) is true to the best of my knowledge. I understand that any misrepresentation, omission or concealment of material facts is grounds for denial or revocation of my Guest Body Artist Permit. I have read and agree to abide by the Department of Public Health, Rules and Regulation for Body Art, Chapter 511-3-8.

Applicant Signature Date



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LETTER OF CONSENT FOR GUEST BODY ARTIST PERMIT (SPONSHIP LETTER)

GUEST BODY ARTIST INFORMATION

Body Art Procedures to Perform (Check All Applicable): [] Tattooing [] Body Piercing [] Microblading

Guest Body Artist Name _____

Guest Body Artist Residential Address _____ County _____

Residential City _____ Residential State _____ Residential Zip _____

Phone () _____ E-mail _____

I hereby certify and affirm that the information on this form is correct. I understand that, as a guest body artist, I may practice only under the direct supervision of the below named supervisor in accordance with the supervision provisions as set forth in 511-3-8 .07(11). Any person who violates any provision of this Article or any rule or regulation promulgated under O.C.G.A. 31-40 by the Health Authority shall be guilty of a misdemeanor.

Guest Body Artist Permit Applicant Signature _____ Date _____

SUPERVISOR/SPONSOR INFORMATION

To be completed by the certified body artist

Body Art Procedures Certified In (Check All Applicable): [] Tattooing [] Body Piercing [] Microblading

Certified Body Artist Name _____

Body Artist Studio Address _____ Permit # _____

City _____ State _____ Zip _____

Phone () _____ E-mail _____

I hereby certify and affirm that the information on this form is correct, and I will provide supervision for this applicant at all times when practicing at the above listed facility. I understand and accept fully that I am responsible for the practice of the applicant once a guest body artist permit has been issued. Any person who violates any provision of this Article or any rule or regulation promulgated under O.C.G.A. 31-40 by the Health Authority shall be guilty of a misdemeanor.

Sponsoring Artist Signature _____ Date _____

APPLICATION FOR GUEST BODY ARTIST PERMIT INSTRUCTIONS

The attached application is for a Guest Body Artist Permit. The permit is granted by the local county health department that has jurisdiction over the body art studio where the applicant wishes to work. The Health Authority may issue a seven-day permit to engage in the practice of body art if the artist is not currently certified by the department. Such guest body artist permit will allow a person to practice body art in a specific area of practice under the direct supervision of a body artist holding a valid Department issued certification in the same area of practice as the guest artist.

Instructions:

1. Complete the application. Do not leave any item blank and enter "NA" for non-applicable items.
2. Submit the completed application to the county health department that has jurisdiction for the body art studio in the county where the applicant intends to practice body art.
3. This application must be accompanied by the following:
 - Permit fee paid to the local county health department
 - Copy of a government-issued photo identification confirming at least 18 years of age
 - A copy of a certificate of training proving completion of an OSHA-compliant Blood borne Pathogen/Universal Precautions training program
 - A copy of a certificate of training proving completion of a Basic First Aid/CPR course
 - Hepatitis B Vaccination Status Disclosure (one of the following)
 - Documentation of HBV vaccination
 - Laboratory evidence of immunity or documentation of no response following two full HBV vaccine series
 - Documentation stating the vaccine is contraindicated for medical reasons. Contraindications require a dated and signed licensed health care professional's statement specifying the name of the Body Artist applicant or employee and that the vaccine cannot be given,
 - Signed certificate of vaccination declination of HBV as required by OSHA.
 - Copy of body art studio permit where applicant will be temporarily performing body art
Department certified body artist letter of consent
 - Copy of sponsoring artist certification