

ENVIRONMENTAL HEALTH OFFICES

GWINNETT

NEWTON

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TEMPORARY BODY ART ARTIST APPLICATION

Application Date		m To		
	Temporary Pe	ermit 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				
Type of Body Art (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 ☐ F	roof of Vaccination Written			
Verification (Check One): □ L	aboratory Evidence of Immunity			
□ H	lealthcare Provider Issues Contraindicated	for Medical Reasons		
	igned Declination			
TEMPORARY BODY ART STUDIO FACILITY INFORMATION				
Temporary Studio Name				
Temporary Studio Address		County		
City	State	Zip		
Phone () Fax (
E-mail				
	, affirm that all the information pro	ovided in this application (including all		
(Legal Name of Applicant)				
supporting 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 Temporary 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			



APPLICATION FOR TEMPORARY BODY ART ARTIST PERMIT INSTRUCTIONS

A Temporary Body Artist Permit is granted by the local health department. No body artist shall practice body art at a Temporary Studio without a Temporary Body Artist Permit issued by the Health Authority or a body artist certification issued by the Department. The Health Authority may issue a seven day permit to engage in the practice of body art if the body artist is not currently certified by the department. A temporary body artist permit will allow a person to practice body art only in a permitted Temporary Studio under the supervision of the permit holder for seven consecutive days.

Instructions:

- 1. Complete the application. Do not leave any item blank and enter "NA" for non-applicable items.
- 2. Submit the completed application no less than ten days in advance of the event. The local county health department that has jurisdiction for the temporary body art studio location, where the applicant intends to practice body art, will review the application and issue a permit.

3.	This applic	This application must be accompanied by the following:		
	□ Permit	fee paid to the local health department		
	☐ Copy o	of a government-issued photo identification confirming at least 18 years of age		
		of a certificate of training proving completion of an OSHA-compliant Blood borne gen/Universal Precautions training program		
	□ А сору	of a certificate of training proving completion of a Basic First Aid/CPR course		
	☐ Hepatir	tis B Vaccination Status Disclosure (at least 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.