



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

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 \_\_\_\_\_