Creating a State of Health

PROTECTIVE HEALTH SERVICES

Oklahoma State Department of Health
Protective Health Services / Consumer Protection Division
Physical: 1000 NE 10th St., Oklahoma City, OK 73117
Mail: PO Box 268815, Oklahoma City, OK 73126-8815
Telephone: (405) 271-5243 / Fax: (405) 271-3458

TATTOO & BODY PIERCING ARTIST LICENSE
Application

Please Select One: ☐ Body Piercing Artist License ☐ Tattoo Artist License

APPLICATION REQUIREMENTS:

☐ Complete Application
☐ Notarized copy of photo ID
☐ Notarized copy of birth certificate
☐ Affidavit of Lawful Presence
☐ Bloodborne Pathogen Certification
☐ First Aid Certification
☐ CPR Certification
☐ $250 License Fee
☐ Proof of 2 years of licensed experience *or* Proof of completion of an approved apprenticeship

PLEASE PRINT CLEARLY OR TYPE:

Applicant Name: _____ _____ _____
First MI Last

Residence Address: _____ _____ _____ _____
Address City State Zip

Mailing Address: _____ _____ _____ _____
Address City State Zip

Date of Birth: _____ Social Security Number: _____ Sex: ☐ Male ☐ Female

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Shop(s) to work in: _____

Shop License #(s): _____

Have you applied for a tattoo or body piercing license prior to this application? ☐ Yes ☐ No

If Yes, please list the type(s) and date(s) of your prior application(s): ☐ Body Piercing ☐ Tattoo

Date(s):_____

NOTE: You must be at least eighteen (18) years old to be eligible to receive this license.

Once all the required documents are received and verified, the Department will mail you a test letter giving permission to take the tattoo/body piercing competency test. You must receive a minimum score of 70% to pass the test. Upon receiving the test results, the Department will issue your artist license.

All license holders must maintain current Bloodborne Pathogen, CPR, and First Aid certifications when practicing with this license.

I HEREBY CERTIFY this application contains no willful misrepresentation or falsification and the information given by me is true and complete to the best of my knowledge and belief.

Signature: _____ **Date:** _____

(Please retain a copy of the completed application for your records.)

FOR OSDH USE ONLY

This signature acknowledges that the applicant meets the requirements to be licensed as an artist in the designated category.

OSDH Staff
Signature:_____ **Date:** _____