



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 TEMPORARY ARTIST LICENSE
Application**

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

APPLICATION REQUIREMENTS:

- | | |
|--|--|
| <input type="checkbox"/> Complete Application | <input type="checkbox"/> Bloodborne Pathogen Certification |
| <input type="checkbox"/> Notarized copy of photo ID | <input type="checkbox"/> First Aid Certification |
| <input type="checkbox"/> Notarized copy of birth certificate | <input type="checkbox"/> CPR Certification |
| <input type="checkbox"/> Affidavit of Lawful Presence | <input type="checkbox"/> \$50 License Fee |
| <input type="checkbox"/> Proof of 2 years of licensed experience <i>or</i> 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): _____

Temporary License Start Date: _____ End Date: _____

A Temporary License cannot exceed 7 consecutive days.

Have you applied for a tattoo or body piercing temporary 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.

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.

Sanitarian

Signature: _____ **Date:** _____

RS#