

Western Upper Peninsula Health Department
Environmental Health Division

Application for a Body Art Technician Permit

Name _____ Date of Birth _____ Male or Female _____

Residence Address _____

Mailing Address _____

Home Phone Number _____ Work Phone Number _____

Place(s) of Employment as a Body Art Technician

Establishment Name _____ Address _____

Establishment Name _____ Address _____

Describe training and experience in body art procedures:

Hepatitis B vaccination date(s) (attach proof of completion): _____

Applicant declines the Hepatitis B vaccination series:

Applicant name and signature _____ Date _____

Training required within the past three (3) years:

1. American Red Cross course on Preventing Disease Transmission.
Date Completed _____ (Attach copy of certificate), **OR**
2. OSHA course on Bloodborne Pathogen Training
Date Completed _____ (Attach copy of certificate), **OR**
3. Universal Precautions Training
Date Completed _____ (Attach copy of certificate)

Applicant name and signature _____ **Date** _____

For Health Department Use Only

Annual \$60.00 Permit Fee Paid _____ Receipt No. _____

Permit Approved _____ **Permit Denied** _____

Health Department Representative _____ Date _____