

ALABAMA DEPARTMENT OF PUBLIC HEALTH APPLICATION FOR A BODY ART OPERATOR PERMIT

Date: _____

County: _____

Name of Operator: _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Male

Date of Birth: _____

Female

Operator SSN: _____

(Requested, not required)

Primary Facility Name: _____

TYPE OF ACTIVITY: (Check all that apply)

Tattooing

Body Piercing

Years of Experience _____

Branding

Scarification

Other (List Exact Duties, i.e. Sterilization of equipment, Cleaning of facility, etc...):

Bloodborne Pathogen Training Course and Date Taken: _____

Attach copy of certificate for Bloodborne Pathogen course completed within the previous 36 months.

Attach copy of Hepatitis B vaccination record, declination form, or proof of immunity.

*** For NEW applications: Attach a copy of your photo identification.

I hereby certify that the above statements are true and correct, and I (we) agree to comply with all of the provisions of the State Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to observe or inspect sanitary procedures in any licensed body art facility where body art practices or procedures are performed.

Signed _____

Title _____

Check # _____ Cash _____

FOR OFFICIAL USE ONLY

Permit Number Issued: _____

Issue Date: _____

Hepatitis Vaccination Record on File

Vaccination Refusal Letter on File

Expiration Date: _____

Proof of Immunity

If Applicable: Fee Code: _____

Fee Paid: \$ _____

Fee Amount: _____

Receipt Number: _____ Client Number: _____

Are products from this establishment distributed in intercounty commerce? YES NO

Application Approved By: _____

Local Health Department _____

Date _____