



Working for Healthy Communities

Permit No. _____

Expiration Date: _____

Body Arts Operator Permit Application

- Operation Permits are valid for the calendar year, expires annually on the date of issuance, unless revoked prior to that date.
- Non-transferable
- Fee Schedule:
 - \$50.00

Name: _____ Date: _____

DOB: _____ Gender: () M () F

Mailing Address: _____ Phone: _____

City, State & Zip: _____ Fee Paid: _____

Residence Address: _____ City, State _____

() Same as above

Place(s) of Employment as an Operator:

Training & Experience as an Operator:

Please use the back of the application if needed.

I hereby apply for a Body Arts Operator Permit. *I agree to abide by all aspects of the CUPHD Body Art Regulation.*

Signature of Applicant

Local Environmental Health Scientist

Infection Control Nurse Only

Comments: _____

I hereby () Accept or () Decline or have () Completed Hepatitis B vaccination.

Date

Public Health Nurse