

This form must be completed and returned by fax, email, or mail in order for the Health Department to have correct information and issue your license for 2016.

ARKANSAS DEPARTMENT OF HEALTH

Attn: Environmental Health Protection

4815 West Markham, Slot 29

Little Rock, AR 72205

Fax: # 501-661-2575

Email: katherine.wirges@arknasas.gov

2016 RENEWAL APPLICATION FOR BODY ART ARTIST

(Please fill out **ALL** information)

Artist Name _____ License No. _____
(As you want it to appear on the certificate)

Mailing Address _____

Home Phone No. _____ Cell Phone No. _____ Date of Birth _____

Email Address _____

You will receive the type(s) of certificates that you are currently listed in the system to receive. Do not ask for “grandfathering” of other types of license. If you were previously “grandfathered” into a license, it will already be updated in the system.

If you work at more than one shop please indicate all shops where you need a certificate.

Shop where currently employed: _____

Shop Address: _____

E-mail Address: _____

Shop Phone No.: _____ Are you the shop owner? Yes ____ No ____

Your current certificate will be mailed to the shop address where you are employed. **If you leave the shop** the owner will be responsible for returning your certificate to this office. Please notify the Arkansas Department of Health and leave your certificate with the owner of the shop.

If you are not currently working as an artist: You must still complete this form along with payment of the renewal fee and blood borne pathogen certificate and return all documents to the Health Department so that your certification may be kept in the active status.

PLEASE CONTACT THIS OFFICE ANY TIME THIS INFORMATION CHANGES AND PROVIDE A CURRENT MAILING ADDRESS FOR FUTURE CORRESPONDENCE AND LICENSE BILLING.

COMMENTS OR SPECIAL INSTRUCTIONS PERTAINING TO CERTIFICATES: