



## BODY ARTIST LICENSE APPLICATION

(Please Print)

APPLICANT NAME: \_\_\_\_\_  
(First) (Middle Initial) (Last)

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BODY ART TRAINING FACILITY: \_\_\_\_\_

ARTIST TRAINER: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

### EDUCATION BACKGROUND

High School: Years Completed \_\_\_\_\_ Graduate \_\_\_\_\_ GED \_\_\_\_\_  
College: Hours Completed \_\_\_\_\_ Degree \_\_\_\_\_

WORK EXPERIENCE: (*List any work experience pertinent to the field*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE CHECK ALL THAT APPLY:

TATTOO \_\_\_\_\_ BODY PIERCING \_\_\_\_\_ PERMANENT COSMETIC \_\_\_\_\_ BRANDING \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Submit application before 12:00 p.m. (noon) the Monday before the exam date)

DATE OF TEST: \_\_\_\_\_

ADH USE ONLY: Customer No. \_\_\_\_\_

Point of Sale of \$50.00