ARKANSAS DEPARTMENT OF HEALTH

Body Art Program
4815 W Markham ST, Slot 46
Little Rock, AR 72205

BODY ARTIST LICENSE APPLICATION

(Please Type or Print Clearly)

Applicant Name: _____
(First) *(Middle Initial)* *(Last)*

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Date of Birth: _____ Social Security #: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Veteran Status: Are you or your spouse a veteran? ◯ Yes ◯ No

TRAINING FACILITY INFORMATION

Body Art Training Facility: _____

Artist Trainer: _____

Facility Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

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

_____

_____

_____

PLEASE CHECK ALL PROGRAMS YOU WISH TO APPLY FOR:

☐ Tattoo ☐ Body Piercing ☐ Permanent Cosmetics ☐ Branding

Applicant Signature: _____ Date: _____

License Fees are due at time of testing. Submit completed application at least 5 business days before test date. If you have any questions please Contact Shawna Henson at (501)661-2606 Body Art Program.

DATE OF TEST: _____

ADH USE ONLY: Customer No. _____ **Point of Sale $50.00**

TAF (7/18)

Arkansas Department of Health
Body Art Program

QUALIFICATIONS REVIEW FOR OUT OF STATE ARTISTS

Insufficient applications will be declined and funds returned 10 business days after notification.

If the artist has only worked in states where artist licensure is not required by a regulatory body, the artist in training program must be completed. Contact the Department of Health Body Art Program for further information.

- **A $500.00 non refundable application fee (per Act 596 of 2013) shall be submitted with application form.**
- **Proof of licensure as an artist by the out of state regulatory agency within the last two calendar years. Copies of the body art laws and regulations of the out of state regulatory agency must be submitted with the application.**
- **Documentation from the regulatory agency of the state where the artist is currently employed or has most recently been employed shall be provided. This must include but not limited to information concerning the establishment(s) where the artist has been employed, inspection reports of establishment(s), length of time employed, and any other documentation concerning artist licensure. The documentation will be jointly reviewed by the Board of Private Career Education and the Body Art Program Arkansas Department of Health.**
- **Documentation of a minimum 6 month artist in training program must be submitted with the application or a letter of reference from the regulatory agency where the artist is currently licensed which provides information on compliance history, evaluation of knowledge of health and safety standards and any record of training completed as required by the agency.**

If your Qualification Review information is approved:

- **Written exam shall be taken during the regular scheduled exams. A passing score is required.**
- **Practical exam(s) shall be conducted at a currently licensed body art establishment in Arkansas or other testing facility approved by the Department.**
- **Upon receipt and approval of all qualifications requirements, the artist shall be invoiced and submit the $100 annual artist license fee.**

ARKANSAS DEPARTMENT OF HEALTH
Environmental Health Protection - Body Art Program
4815 West Markham Slot # 46
Little Rock AR 72205-3867
501-661-2171

Date received _____
Fee Received _____
Date reviewed _____
Date of Written exam _____
Date of Practical exam _____
Date approved _____

Approved by: _____

APPLICATION FOR QUALIFICATIONS REVIEW FOR OUT OF STATE BODY ART ARTISTS

This form is designed to be used by body art artists seeking an Arkansas body art license who ARE CURRENTLY LICENSED AS A BODY ART ARTIST IN OTHER STATES (or have been licensed within the last two calendar years). You must have completed an artist in training program that is comparable in hours required in the Arkansas Artist in Training Program documented by the out of state regulatory agency.

The application must be accompanied by the $500.00 nonrefundable review fee required by Act 596 of 2013 (check or money order only) and a current OSHA compliant Blood Borne Pathogens Course Certification.

Please print

NAME _____ **Phone #** _____

DOB _____

MAILING ADDRESS _____ **Email** _____

Please list any other state(s) where you are currently licensed as a body art artist

LICENSE:

State where currently licensed as body art artist _____

Licensing Agency _____

Contact person _____

Address _____

City _____ **Phone #** _____

Email address _____

Attach a copy of your license from within the last two calendar years from out of state regulatory agency

If necessary use the back of sheet to list other states where you are currently licensed or have been licensed within the last two calendar years.

City_____State_____Zip_____

The following must be submitted with application:

_____ **(1) A copy of the body art laws and/or regulations from the out of state regulatory agency AND**

_____ **(2) A copy of the last inspection of the establishment conducted by the regulatory agency located in the state where you were licensed (if available) AND**

_____ **(3) Documentation of a minimum 6 month artist in training program successfully completed**

Or a

_____**Letter of reference from the regulatory agency where currently licensed which provides information on compliance history, evaluation of applicant's knowledge of health and safety standards and records of training completed as required by the agency**

WORK HISTORY:

List all work experience related to body art and show dates of employment

_____

_____

_____

_____

_____

_____

_____ _____

Signature **Date**

PLEASE MAIL THE COMPLETED APPLICATION AND ALL COPIES OF REQUIRED DOCUMENTATION TO:

Arkansas Department of Health
Environmental Health – Body Art Program
4815 West Markham Slot # 46
Little Rock AR 72205-3867
If you have any questions Please call
Shawna Henson at (501)661-2606