

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

DATE \_\_\_\_\_

JEFFERSON COUNTY

NAME OF OPERATOR \_\_\_\_\_

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

MAILING ADDRESS (Billing) \_\_\_\_\_

SEX \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

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

APPROVED TRAINING COURSE COMPLETED ON: \_\_\_\_\_

Date of course completion

Must have been within previous 36 months

**ATTACH COPY OF CERTIFICATE**

FACILITY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

Primary place of employment, once issued, the Operator's Permit is valid at any licensed facility. **We must be notified of any changes to include going to a different facility.**

TYPE OF PROCEDURES PERFORMED – Check all that apply.

\_\_\_\_\_ Tattooing (including cosmetic tattooing)

\_\_\_\_\_ Body Piercing

\_\_\_\_\_ Branding

\_\_\_\_\_ Scarification

\_\_\_\_\_ **Years of Experience**

I hereby certify that the above statements are true and correct, and I agree to comply with all the provisions of the State Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to examine or verify any documentation necessary to determine compliance with said Rules. FURTHER, I understand that false statements or failure to provide requested documentation or verification upon request shall be cause for suspension or revocation of my Body Art Permit to Operate.

Signed \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Application Approved By:

\_\_\_\_\_  
Local Health Dept

\_\_\_\_\_  
Date

Permit Number Issued:

\_\_\_\_\_  
Issue Date:

\_\_\_\_\_  
Expiration Date: