OKLAHOMA State Department of Health

Oklahoma State Department of Health
Consumer Health Service
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CHSLicensing@health.ok.gov

TATTOO & BODY PIERCING ARTIST LICENSE
Application

Complete this application ONLY if you have held an Apprentice License for at least one year

Please Select One: ☐ Body Piercing Artist License ☐ Tattoo Artist License

APPLICATION REQUIREMENTS:

☐ Complete Application
☐ Current Bloodborne Pathogen Certification
☐ Current First Aid Certification
☐ Current CPR Certification
☐ $250 License Fee

PLEASE PRINT CLEARLY OR TYPE:

Applicant Name: _____ (First) _____ (MI) _____ (Last)

Residence Address: _____ (Address) _____ (City) _____ (State) _____ (Zip)

Mailing Address: _____ (Address) _____ (City) _____ (State) _____ (Zip)

Date of Birth: _____ Social Security Number: _____ Sex: ☐ Male ☐ Female

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Shop(s) to work in: _____

Shop License #(s): _____

Sponsor Name: _____ License #: _____

Apprentice License Issue Date: _____

NOTE: You must be at least eighteen (18) years old to be eligible to receive this license.

All license holders must maintain current Bloodborne Pathogen, CPR, and First Aid certifications when practicing with this license.

I HEREBY CERTIFY this application contains no willful misrepresentation or falsification and the information given by me is true and complete to the best of my knowledge and belief.

Applicant Signature: _____ **Date:** _____

Sponsor Signature: _____ **Date:** _____

(Please retain a copy of the completed application for your records.)

FOR OSDH USE ONLY

This signature acknowledges that the applicant meets the requirements to be licensed as an artist in the designated category.

OSDH Staff Signature: _____ **Date:** _____