



**TATTOO & BODY PIERCING**  
**Change of Information Form**  
**CURRENT INFORMATION:**

Name: \_\_\_\_\_  
First MI Last

License #(s): \_\_\_\_\_

License Expiration: \_\_\_\_\_

**UPDATES:**

*(The following changes will be made permanent to the license file(s) noted above.)*

Are you changing your name:    Yes    No

If Yes, new name: \_\_\_\_\_  
First MI Last

*\*If changing your name, please provide a government issued document that reflects the change\**

Residence Address: \_\_\_\_\_  
Address City State Zip

Mailing Address: \_\_\_\_\_  
Address City State Zip

Sex:       Male    Female

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

<input type="checkbox"/> Add New Shop <input type="checkbox"/> Remove Shop	<input type="checkbox"/> Add New Shop <input type="checkbox"/> Remove Shop
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Shop(s) to work in: _____	_____
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Shop License #(s): _____	_____
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<input type="checkbox"/> Add New Shop <input type="checkbox"/> Remove Shop	<input type="checkbox"/> Add New Shop <input type="checkbox"/> Remove Shop
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Shop(s) to work in: _____	_____
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Shop License #(s): _____	_____
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**I HEREBY CERTIFY** this form contains no willful misrepresentation or falsification and the information given by me is true and complete to the best of my knowledge and belief.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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