



Creating  
a State  
of Health

**PROTECTIVE**  
**HEALTH**  
**SERVICES**

Oklahoma State Department of Health  
Protective Health Services / Consumer Protection Division  
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## TATTOO & BODY PIERCING TEMPORARY ARTIST LICENSE Application

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

### APPLICATION REQUIREMENTS:

- |  |  |
|--|--|
| <input type="checkbox"/> Complete Application  | <input type="checkbox"/> Bloodborne Pathogen Certification |
| <input type="checkbox"/> Notarized copy of photo ID  | <input type="checkbox"/> First Aid Certification           |
| <input type="checkbox"/> Notarized copy of birth certificate   | <input type="checkbox"/> CPR Certification                 |
| <input type="checkbox"/> Affidavit of Lawful Presence  | <input type="checkbox"/> \$50 License Fee                  |
| <input type="checkbox"/> Proof of 2 years of licensed experience <i>or</i> Proof of completion of an approved apprenticeship |  |

### 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): \_\_\_\_\_

Temporary License Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

*\*A Temporary License cannot exceed 7 consecutive days.\**

Have you applied for a tattoo or body piercing temporary license prior to this application?  Yes  No

If Yes, please list the type(s) and date(s) of your prior application(s):  Body Piercing  Tattoo

Date(s): \_\_\_\_\_

**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.

**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:** \_\_\_\_\_