Georgia Department of Public Health
Environmental Health Section | Body Art Program
dph.georgia.gov/environmental-health

APPLICATION FOR GUEST BODY ARTIST PERMIT INSTRUCTIONS

The attached application is for a Guest Body Artist Permit. The permit is granted by the local county health department that has jurisdiction over the body art studio where the applicant wishes to work. The Health Authority may issue a seven-day permit to engage in the practice of body art if the artist is not currently certified by the department. Such guest body artist permit will allow a person to practice body art in a specific area of practice under the direct supervision of a body artist holding a valid Department issued certification in the same area of practice as the guest artist.

Instructions:

1. Complete the application. Do not leave any item blank and enter "NA" for non-applicable items.
2. Submit the completed application to the county health department that has jurisdiction for the body art studio in the county where the applicant intends to practice body art.
3. This application must be accompanied by the following:

 Permit fee paid to the local county health department
 Copy of a government-issued photo identification confirming at least 18 years of age
 A copy of a certificate of training proving completion of an OSHA-compliant Blood borne Pathogen/Universal Precautions training program
 A copy of a certificate of training proving completion of a Basic First Aid/CPR course
 Hepatitis B Vaccination Status Disclosure (one of the following)
    Documentation of HBV vaccination
    Laboratory evidence of immunity or documentation of no response following two full HBV vaccine series
    Documentation stating the vaccine is contraindicated for medical reasons. Contraindications require a dated and signed licensed health care professional's statement specifying the name of the Body Artist applicant or employee and that the vaccine cannot be given,
    Signed certificate of vaccination declination of HBV as required by OSHA.
 Copy of body art studio permit where applicant will be temporarily performing body art
 Department certified body artist letter of consent
 Copy of sponsoring artist certification

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Georgia Department of Public Health
Environmental Health Section | Body Art Program
dph.georgia.gov/environmental-health

APPLICATION FOR GUEST BODY ARTIST PERMIT

Permit is valid for up to 7 consecutive days. Specify Dates: From _____/_____/_____ To_____/_____/_____

APPLICANT INFORMATION

Legal Name of Applicant_____
First Middle Initial Last Suffix(Sr, Jr, III)

Address: _____
Street City State Zip Code

Primary Telephone #: _____ Email: _____

AREA(S) OF PRACTICE/ TRAINING

Body art procedure(s) to be performed (Check all that apply): ❍ Tattooing ❍ Piercing ❍ Microblading

Expiration Dates for Training:

Bloodborne Pathogen/Universal Precautions: _____/_____/_____ CPR: _____/_____/_____ First Aid: _____/_____/_____

Type of Government Issued Identification: _____ **Expiration Date:** _____/_____/_____

Hepatitis B Virus Vaccination Verification Document (Check one):
❍ Proof of Vaccination
❍ Written Laboratory Evidence of Immunity
❍ Healthcare Provider Issues Contraindicated for Medical Reasons
❍ Signed Declination

PROVIDE SPONSORING BODY ARTIST/ STUDIO INFORMATION

Name of Certified Body Artist: _____

DPH Certification Number: _____ Certified in: ❍ Tattooing ❍ Piercing ❍ Microblading

Address of Body Art Studio: Body Art Studio Permit Number: _____

_____
Street City State Zip Code

Telephone #: _____ Fax #: _____ Email: _____

I, _____, affirm that all the information provided in this application (including all attached documents) is true to the best of my knowledge. I understand that any misrepresentation, omission or concealment of material facts is grounds for denial or revocation of my Guest Body Artist Permit. I have read and agree to abide by the Department of Public Health, Rules and Regulations for Body Art, Chapter 511-3-8.
(Applicant's Legal Name)

Applicant Signature: _____ Date: _____