

License Application for Body Art Practitioner

Full Name:

Date of Birth:

Home Address:

Email Address:

Phone Number:

Business Name (if applicable):

Years of Experience:

Services Provided (check all that apply):

- ☐ Tattooing
☐ Body Piercing
☐ Permanent Makeup

Upload Certification Documents:

Choose File

No file selected

Signature:

Date:

Submit Application