



Bureau of Health
 120 N. DUKE STREET
 P.O. BOX 1599
 LANCASTER, PA 17605-1599
 PH: (717) 291-4824
 Fax: (717) 291-4827

BODY ART APPRENTICE LICENSE APPLICATION

PLEASE PRINT CLEARLY

Apprentice Type For: Tattoo/Permanent Cosmetics (scalp) Micropigmentation Piercing

****IF IN THE FUTURE ANY INFORMATION CHANGES YOU ARE REQUIRED TO CONTACT YOUR LOCAL HEALTH OFFICE TO COMPLETE ANOTHER FORM. ****

APPRENTICE INFORMATION	
ARTIST NAME:	_____
HOME ADDRESS:	_____
TELEPHONE NUMBER:	_____ CELL NUMBER: _____
EMAIL ADDRESS:	_____
START DATE AT CURRENT SHOP	
BLOOD PATHOGENS TRAINING:	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOCUMENTATION OF APPRENTICESHIP:	<input type="checkbox"/> YES <input type="checkbox"/> NO

CURRENT FACILITY INFORMATION	
CURRENT FACILITY NAME:	_____
ADDRESS:	_____
TELEPHONE NUMBER:	_____ FAX NUMBER: _____
FACILITY EMAIL	_____
FACILITY OWNER'S NAME:	_____
SUPERVISOR NAME:	_____

PREVIOUS FACILITY INFORMATION	
FACILITY NAME:	_____
ADDRESS:	_____
TELEPHONE NUMBER:	_____ FAX NUMBER: _____
FACILITY EMAIL	_____
FACILITY OWNER'S NAME:	_____
SUPERVISOR NAME	_____

 SUPERVISOR SIGNATURE

 DATE:

 APPRENTICE SIGNATURE

 DATE: