

Forsyth County Environmental Health

514 West Maple St, Ste. 404 Cumming, GA 30040 Phone: (770)-781-6909, Fax: (678)-807-7343

BODY ARTIST APPLICATION

Applicant Information

Applicant's Full Name: _____ Sex: F M

Address: _____

Mailing Address (if different): _____

Home #: _____ Mobile #: _____ Work #: _____

Email: _____ Date of Birth: _____ Age: _____

(The body art operator/technician must be a minimum of 18 years of age.)

Attachments:

- Attach a copy of your Driver's License or State I.D.
- Attach proof of successful completion of an OSHA-compliant Bloodborne Pathogen/Universal Precautions Training program
- Attach copy of Basic First Aid/CPR training
- Attach copy of proof of employment with Body Art Facility
- Attach a copy of your Hep B Immunization Record.
- Residency Verification

Medical Information

Have you been immunized against Hepatitis B: Yes. Attach proof of the Hepatitis B vaccination series.
 No. Date proof submitted: _____

Do you have any of the following: Boils Infected wounds Open sores Abrasions
 Keloids Weeping dermatological lesions Acute respiratory infection

The application should be submitted once you are free of any of the above rashes or infections.

Employment

It shall be unlawful for any person to perform body art procedures unless such procedures are performed in a body art establishment with a current permit.

Current Body Art Establishment Name: _____ Phone #: _____

Street Address: _____

Employer Name: _____ Date Employed: _____

Current Job Title: _____ Job Duties: _____

Please list any training, experience, or certifications that would demonstrate your knowledge of anatomy, skin diseases, infectious disease control: _____

Employee Information

Please list the previous place of employment as a Body Art Operator, duties and responsibilities, address, phone number of establishment, and length of time employed.

Establishment Name: _____ Phone #: _____

Street Address: _____

Employer Name: _____ Length Employed: _____

Duties and Responsibilities: _____

Date: _____ Signature: _____ Print Name: _____

By signing this document, you hereby agree that all information contained within is accurate and true to the best of your knowledge and certifies that you have received a copy of the Rules and Regulations pertaining to Body Art for Forsyth County Georgia.