

Temporary Body Art Artist Certificate Application Office of Environmental Engineering 321 University Avenue, 2nd Floor Philadelphia, PA 19104 215.685.7342 <u>http://www.phila.gov/health/environment/tattoo.html</u> Health.BodyArt@Phila.gov

CERTIFICATES ARE NOT TRANSFERABLE PLEASE PRINT CLEARLY

| 1. APPLICANT INFORMATION | | | |
|---|-----------------|----------------------------|--|
| Name (as appears on license): | | | Dates of Temporary Work (not to exceed 7 |
| | | | days): |
| Home Mailing Address (Number & Street, Box or Route): | | | |
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| | | | |
| City, State, Zip: | | | |
| | | | |
| Email Address: | | | Phone #: |
| | | | |
| Body Art Establishment Where Temp | orary Work Is ' | To Be Conducted: | Establishment Certificate #: |
| body Art Establishment where reing | | To be Conducted. | Establishment Certificate π . |
| | | | |
| Circle one as it applies: | Tattoo | Body Piercing | Permanent Make-Up |
| 2. SUPPORTING DOCUMENTS | | | |
| PLEASE SUBMIT A COPY OF A RECENT BLOODBORNE PATHOGEN CERTIFICATE | | | |
| | | | |
| 3. CERTIFICATE FEES | | | |
| \$10.00 for a Temporary Body Art Artist Certificate (not to exceed 7 days) | | | |
| FEES MUST BE PAID BEFORE A CERTIFICATE IS ISSUED. FEES ARE NON-REFUNDABLE. | | | |
| RETURNED PAYMENT CAN DELAY CERTIFICATE ISSUANCE. | | | |
| | | | |
| I, the undersigned, certify that the information I have provided is a true and complete statement according to my knowledge and belief. I certify that I have read, understand, and agree to comply with the <i>Regulations Governing</i> | | | |
| Operation and Conduct of Tattoo and Body Piercing Establishments. | | | |
| | | | |
| (Applicant S | Signature) | | (Date) |
| | | | |
| Mail completed application form and payment to: | | | |
| Philadelphia Department of Public Health – EHS | | | |
| Environmental Engineering Office | | | |
| | | ersity Avenue -2^{nd} Fl | oor |
| Philadelphia, PA 19104 | | | |
| * Make certified checks or money orders payable to <i>Philadelphia Health Department – EHS</i> . | | | |
| Indicate how you would like to receive the Certificate: | | | |
| Please mail the certificate to the mailing address noted on this application. | | | |
| Please notify me when the certificate is ready for pick-up. | | | |