



Tattoo Artist Application Form
 Iowa Department of Public Health
 Division of Environmental Health/Tattoo Program
 321 E. 12th Street, Des Moines, IA 50319-0075
 (515) 281-7726

Type of application (check one): Initial Renewal

Please print legibly.

Name:		
..... (First) (Middle) (Last)
Address:		
..... (City) (State) (Zip)
Social Security Number:		Date of Birth:
Telephone:		Cell Phone:
<p>Privacy Act Notice: Disclosure of your Social Security number on this license application is required by 42 U.S.C. Section 666(a)(13) and Iowa Code Section 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees.</p>		

Place of Employment:

Establishment Owner(s) signature (if employed):

An annual, nonrefundable application fee of \$75, shall be payable by check or money order to the Iowa Department of Public Health. Remit fee with the initial or renewal tattoo artist permit application. Cash is not acceptable.

Mail completed application and fee to address shown at the top of this application. Permits expire each year on December 31st. The department will act within 60 days upon receiving a completed application. Please call (515) 281-7726 if you have any questions.

Be sure to enclose proof of:

- H.S. Diploma or G.E.D. (Initial applicants only)
- Bloodborne Pathogen Training
- First Aid Training
- Proof of age (For example, copy of driver's license or birth certificate)
- \$75 application fee

Required Tattoo Permit Questions:

For each “Yes” answer to the following questions, you must provide a separate statement giving full details, including dates, locations, actions, organizations or parties involved and specified reasons. At the discretion of the Bureau, more supporting information may be requested.

Do you have a medical condition which in any way impairs or limits your ability to perform tattooing? “Medical condition” means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism. Yes No

If yes, provide a description of your condition and submit a letter from a physician stating that your condition will not affect your ability to perform these functions.

Have you within the past 2 years engaged in the illegal or improper use of drugs or other chemical substances? Yes No

If yes, provide a letter from your physician or treatment program that identifies your current or past treatment status. The letter should also include a statement regarding whether your condition will affect your ability to perform tattooing.

Have you been convicted of, found guilty of, or entered a plea of no contest to a felony or misdemeanor crime within the past 5 years? (Other than minor traffic violations with fines under \$100.00). You must answer “yes” even if the matter was expunged from the record. Yes No

If yes, include the date, location, charge, court disposition and current status (i.e. probation) for each charge. If the charge was a crime against a person, (i.e. assault, domestic abuse) include copies of the charging orders and court disposition records.

Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit or certification issued to you? Yes No

If yes, include date, location, reason, current status, etc.

Have you ever been sued in connection with your tattoo functions in this or any other state? Yes No

If yes, include date, location, reason, current status etc.

I hereby certify that the information I have provided in this document, including any attachments, is true and correct. I understand that providing false or misleading information in or concerning my application may be cause for denial or revocation of permit and criminal prosecution. I agree to comply with the permit requirements, work practice standards, and all other provisions of Iowa Administrative Code 641—Chapter 22.

Applicant Signature: _____ Date: _____