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## BODY ART OPERATOR LICENSE APPLICATION

Biannual Fee: \$60.00

Attach proof of attendance at a bloodborne pathogen training program (or equivalent) and proof of Hepatitis B vaccination

NAME		DATE OF BIRTH		TELEPHONE NUMBER	
MAILING ADDRESS		CITY		STATE	ZIP CODE
BODY ART ESTABLISHMENT			EMAIL ADDRESS		
ESTABLISHMENT ADDRESS		CITY		ZIP CODE	
DATE OF LAST HEPATITIS "B" VACCINATION					
TRAINING AS A BODY ART TECHNICIAN/OPERATOR (In the space below, detail any classes, internships, apprenticeships you have completed.)					
EMPLOYMENT HISTORY (In the space below, list dates and place(s) of employment as a body art technician/operator.)					

### PROCEDURES TO BE PERFORMED:

Body piercing    Tattooing    Cosmetic tattooing    Branding    Scarification    Other:

I have read and understand the requirements as detailed in the Western Plains Public Health Body Art Code and Guidelines and agree to the terms and requirements for a Body Art Operator. I further agree to the requirements of the Code in their entirety as relates to operating and maintaining records. I understand that failure to abide by the requirements of the Code may result in legal action against the license and license holder.

AUTHORIZED SIGNATURE			DATE		
For Office Use Only					
REVIEWED BY		DATE	Bloodborne Pathogen		CPR/FIRST AID
DATE PAID	CASH/CHECK #/CC		AMOUNT	ATTACH COPY OF ID	