



DANIEL P. McCOY  
County Executive

DEPARTMENT OF HEALTH  
COUNTY OF ALBANY  
175 GREEN STREET  
ALBANY, NEW YORK 12202

MARIBETH MILLER, BSN, MS  
Assistant Commissioner for Public Health

JAMES CRUCETTI, MD, MPH  
Commissioner of Health

PATRICIA J. SNYDER, MBA  
Assistant Commissioner for Finance  
and Administration

*The Dr. John J.A. Lyons*  
ALBANY COUNTY HEALTH FACILITY  
(518) 447-4580 FAX (518) 447-4698  
www.albanycounty.com

**APPLICATION FOR NEW/RENEWAL FOR INDIVIDUAL TATTOO/BODY PIERCING ARTIST  
CERTIFICATE**

Practice of tattooing or body piercing without certification is a violation of Albany County Law 4 of 1999  
All new applicants must call 518-447-4620 to make an appointment for the Tattoo/Body Piercing Test.

PLEASE INCLUDE \$155.00 CERTIFICATE FEE AND TWO (2) PASSPORT IDENTIFICATION PICTURES  
WITH THIS COMPLETED APPLICATION FORM.

Type of Application:  New  Renewal Certificate# \_\_\_\_\_

1. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

2. Procedures:  Tattooing  Body Piercing  Both

3. Age: \_\_\_\_\_ Sex:  Male  Female

4. Shop Information (Indicate the tattoo/body piercing shop where you are currently employed):  
SHOP NAME \_\_\_\_\_  
SHOP ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ NY ZIP \_\_\_\_\_ SHOP PHONE # \_\_\_\_\_

5. For the above tattoo/body piercing shop are you: (check one)  Owner  Employee

6. If employed at a second tattoo/body piercing shop(s), please provide shop(s) name an address:  
\_\_\_\_\_  
\_\_\_\_\_

7. The applicant hereby agrees that the information provided herein is accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

8. Please mail the completed application, certificate fee in the amount of \$155.00, payable to Albany  
County Department of Health and two (2) passport identification pictures to:

Albany County Department of Health  
Attn: Environmental Health  
175 Green Street  
Albany, NY 12202

Office Use Only

Certification issuance recommended  No  Yes Examination Score \_\_\_\_\_

Certificate# \_\_\_\_\_ Date Fee Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount of Fee Received \$ \_\_\_\_\_

Date Certificate Mailed \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

