



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

ELIZABETH F. WHALEN, MD, MPH  
Commissioner of Health

SHANNA F. WITHERSPOON, MPA  
Assistant Commissioner Finance and Administration

*The Dr. John J.A. Lyons*  
ALBANY COUNTY HEALTH FACILITY  
(518) 447-4580 FAX (518) 447-4698  
[www.albanycounty.com](http://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 \$180.00 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 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 \$180.00, 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

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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 \_\_\_\_\_