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 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

Certificate issuance recommended ☐ No ☐ Yes Examination Score____________
Certificate#____________________ Date Fee Received_____/_____/____ Amount of Fee Received $___________
Date Certificate Mailed__________ Effective Date__________ Expiration Date____________________
Signature________________________ Title____________________ Date__________________

TA-A-A/2014