

NASSAU COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR **INDIVIDUAL TATTOO or BODY PIERCING ARTIST CERTIFICATE**

FOR OFFICE USE ONLY-DO NOT WRITE IN THIS BOX																	
CERTIFICATE NUMBER	T	BP	CLASS CODE	N1	C2	R3	CREDIT DATE			AMOUNT RECEIVED	CERTIFICATE APPROVAL	EFFECTIVE DATE			EXPIRATION DATE		
							MO	DAY	YR			MO	DAY	YR	MO	DAY	YR
802 -			802														
<p>INSTRUCTIONS</p> <ol style="list-style-type: none"> Complete all sections. Read section 14 and sign in the appropriate space to certify that all information is correct and true and you understand the terms of this application. Return the completed application along with a certified check or money order for your fee to: <p style="text-align: center;"> THE OFFICE OF RECREATIONAL FACILITIES NASSAU COUNTY DEPARTMENT OF HEALTH 200 County Seat Drive Mineola, New York 11501 </p> <p style="text-align: center;">"First Time Applicants" Must Apply In Person.</p>											<p>YOUR FEE IS: \$150 plus a \$50 "Tattoo & Body Piercing Artist Certification Class Fee" = \$200 (CERTIFIED CHECK OR MONEY ORDER ONLY)</p> <p>WARNING:</p> <p>INACCURATE OR MISSING INFORMATION MAY VOID YOUR CERTIFICATE OR DELAY ITS ISSUANCE FAILURE TO SIGN THIS APPLICATION WILL DELAY ISSUANCE OF YOUR CERTIFICATE</p>						
											DATE RECEIVED			REVIEWED		DATE OF CLASS:	
											MO	DAY	YR	BY Init.			

1 Name:

[illegible]

2 Street Address:

[illegible]

3 Contact Phone Number:

--	--	--	--	--	--	--	--	--	--	--

4 City or Village:

[illegible]

State

ZIP + 4

5 Mailing Address (if different from above):

[illegible]

6 City or Village:

[illegible]

State

ZIP + 4

7 Email Address:

[illegible]

8 Place of Employment (if employed at more than one location, please list on a separate piece of paper):

[illegible]

9 Street Address:

[illegible]

10 City or Village:

[illegible]

State

ZIP + 4

11 Establishment Telephone Number:

[illegible]

12 I am:

The Owner ☐

Employee ☐

13 Procedures to Be Performed By Applicant:

Tattoo ☐

Body Piercing ☐

Microblading ☐

14 I agree to comply with the provisions of the Nassau County Public Health Ordinance, the Sanitary Code of the State of New York, the Public Health Laws of the State of New York, and all other local laws, rules, and regulations. I hereby affirm under penalty of perjury that the information provided in this application has been examined by me and to the best of my knowledge is true and correct. False statements shall be subject to civil and criminal prosecution and penalties as provided by law.

Authorized Signature	Date
Print Name	Age

Rev. 4/19

Please note: if you leave section 8-12 blank, or if you list an establishment that is not licensed with the Health Department as a Tattoo Studio, you will be issued a temporary copy of your Artist Certification on the day of class. Your original Artist Certificate will be released to you upon verification that you are working at a licensed Tattoo Studio.