



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



FOR OFFICE USE ONLY – DO NOT WRITE IN THIS BOX

CERTIFICATE NUMBER	CODE	N	C	R	CERTIFICATE EFFECTIVE DATE	CERTIFICATE EXPIRATION DATE
802 -	802					
<b>APPLICATION INSTRUCTIONS:</b>  1. Complete <b>all</b> sections of the application. Sign in the appropriate space to certify that all information is correct and true, and that you understand the terms of this application.  2. On your reserved exam date, report to the Nassau County Department of Health. Bring the completed application, certification fees, and photo identification to:  <b>NASSAU COUNTY DEPARTMENT OF HEALTH</b> <b>200 County Seat Drive</b> <b>Mineola, NY 11501</b>					<b>CERTIFICATION FEE: \$200.00 PAYABLE BY CERTIFIED CHECK OR MONEY ORDER ONLY.</b> Cash or personal/business checks will not be accepted. Fees are payable to Nassau County Department of Health.	
					<b>WARNING: Inaccurate or missing information may void your certificate or delay its issuance.</b>	

APPLICANT INFORMATION		
Name (First, Last)		DOB (mm/dd/yyyy)
Phone Number	Email Address	
Address		
City	State	Zip Code
Mailing Address (if different from above)		
City	State	Zip Code

EMPLOYMENT INFORMATION		
Place of Employment (if employed at more than one location, please list on a separate sheet of paper)		I am (circle one): OWNER EMPLOYEE
Establishment Address		
City	State	Zip Code
Establishment Phone Number	Services Provided by Applicant (circle all that apply)	
	Tattoo	Body Piercing      Permanent Makeup      Scarring/Branding

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 as provided by law.

Print Name	
Signature	Date