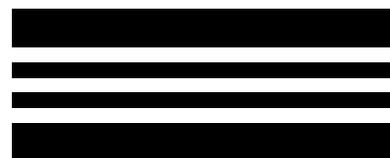




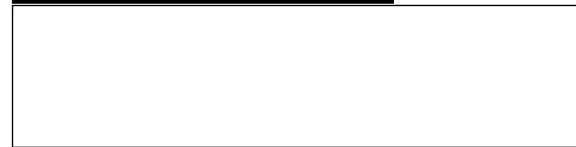
Body Art, Body Piercing, Tattoo Artist, Permanent Cosmetics License, Renewal, or Reinstatement Application



You can use this form to apply for a new license, or renew or reinstate your existing license or request a duplicate license as a body art artist operator, body piercing artist operator, tattoo artist operator, and permanent cosmetics artist operator.

Send this completed form, a check or money order payable to Department of Licensing, and all required attachments to:

Department of Licensing, PO Box 3856, Seattle WA 98124-3856



License type (*check one only*):

- New license
- Renewal/Reinstatement. If you have not renewed within one year of your expiration, your license has been cancelled
- Duplicate license – **\$50 only**

New license, renewal, or reinstatement (*check all that apply*):

- Body art artist operator – **\$250** (\$350 for late renewal/reinstatement)
- Body piercing artist operator – **\$250** (\$350 for late renewal/reinstatement)
- Tattoo artist operator – **\$250** (\$350 for late renewal/reinstatement)
- Permanent cosmetics artist operator – **\$250** (\$350 for late renewal/reinstatement)

Applicant information

PRINT or TYPE Name (<i>Last, First, Middle</i>)		Date of birth (<i>mm/dd/yyyy</i>)	
Mailing address			
City		State	ZIP code
(Area code) Home telephone number		Social Security number required*	
Current or previous license number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
<p>Answer the following</p> <p>Attach a letter of explanation for any "Yes" answer to the following questions. Include the charge, date of conviction, civil judgment or order, county jurisdiction, state, and disposition of charges.</p> <p>1. Have you been convicted of a crime (misdemeanor or felony), in this or any other state, by the federal government or by any other jurisdiction within the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment, in this or any other state, by the federal government or by any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Has any professional or occupational license, certification, or permit held by you been fined, suspended, revoked, refused, or denied, in this or any other state, by the federal government or by any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a civil court order, verdict, or judgment entered against you in any court of competent jurisdiction, in this or any other state, by the federal government or by any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Bloodborne pathogens</p> <p>Do you have a current bloodborne pathogens certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the expiration date? _____</p>			

*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it may result in denial of your application.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place X Applicant signature