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WASHINGTON STATE DEPARTMENT OF LICENSING

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

[redacted]

20940-APPLICATIONS

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

Questions? Call (360) 664-6660

We cannot issue your license if your application is incomplete.

This application is for *(check all that apply)*:
☐ Body art (branding/scarification) ☐ Body piercing ☐ Tattoo ☐ Permanent cosmetics

Application type and fees:
☐ New license – **$250**
☐ Renewal – **$250**
☐ Late renewal – **$350**
☐ Reinstatement of cancelled license – **$250**
(if you have not renewed within one year of expiration date, your license has been cancelled)
☐ Duplicate license – **$50 per license**

Applicant information

PRINT or **TYPE** Name *(Last, First, Middle)*		Date of birth *(mm/dd/yyyy)*
Mailing address		
City	State	ZIP code
(Area code) Home telephone number	Email	
Social Security number required*	Current or previous license number	

Answer the following

If you answer "Yes" to any of these questions, attach a letter of explanation. Include the charge, date of conviction, civil judgement or order, county, state, and disposition of charges.

In this state or any other jurisdiction, are you or have you:

1. Within the last 10 years, had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupation license, certification, or permit held by you? . . . . . ☐ Yes ☐ No
2. Within the last 10 years, had any civil court order, verdict, or judgment entered against you? . . . . . ☐ Yes ☐ No
3. Within the last 10 years, defaulted or been convicted of or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic offenses) . . . . . ☐ Yes ☐ No
4. Currently under indictment, or is there a criminal complaint, charge, or information pending against you? . . . . . ☐ Yes ☐ No

Bloodborne pathogens

Bloodborne pathogens certificate expiration date: _____ **Attach a copy of your certificate.**

*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 When you have completed this form, please print it out and sign here.

Applicant signature

RCW 18.235