

**COCONINO COUNTY
PUBLIC HEALTH SERVICES DISTRICT**
ENVIRONMENTAL HEALTH

Office Use Only

Receipt #: _____
 Amt Paid: _____
 Date Rec'd: _____
 Rec'd By: _____
 Referred To: _____
 Type: _____

Body Art Operator Application

Please provide the following information and return the application to the Environmental Health Office with the appropriate fee. Body art operator cards expire after two (2) years and will need to be renewed. Coconino County recommends that body art operators get the Hepatitis B vaccination series to protect themselves against Hepatitis B. Submit copies of your Hep B vaccination record or complete the Medical Record Vaccination Status form. Current blood-borne pathogen training is required and proof must be submitted with this application.

Please check type of body art to be performed:

- | | |
|--|--|
| <input type="checkbox"/> Tattooing | <input type="checkbox"/> Scarification |
| <input type="checkbox"/> Permanent make-up | <input type="checkbox"/> Branding |
| <input type="checkbox"/> Piercing | <input type="checkbox"/> Other: _____ |

Name: _____

Resident Address: _____ City/State/Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Date of Birth: _____ Gender: Female Male

Place of Employment: _____ Address: _____

Have you been immunized against Hepatitis B? Yes No

Have you attended a blood-borne pathogen training course in the last year? Yes No

Name of course: _____

List training and experience. Submit copies of certificates, etc. If you are a new operator in Coconino County provide places of previous employment and references including phone numbers.

(please use back of paper for additional space)

1. _____
2. _____
3. _____
4. _____
5. _____

All of the above statements are true. I understand that any false information on this application may be cause for denial or revocation of my body art operator health card. I understand that a copy of my body art operator card and blood-borne pathogen training certificate must be in my possession at all times while engaged in the practice of body art.

Signature: _____ Date: _____