

Initial      Renewal

**TETON HEALTH DISTRICT  
TETON COUNTY ENVIRONMENTAL HEALTH  
PO Box 937; 460 E. Pearl, Jackson, WY 83001/307-732-8490/Fax 307-732-8491  
BODY ART PRACTITIONER APPLICATION**



**Type of Application**

Tattoo Artist  
 Visiting Tattoo Artist

Professional Piercer  
 Visiting Professional Piercer

**General Information Section**

Name of Practitioner:

---

Residence Address:

---

Mailing Address:

---

Phone Contact:

---

Date of Birth:

---

E-Mail Address::

---

**Establishment Information Section**

Establishment Name:

---

Establishment Address:

---

Establishment Mailing Address:

---

Establishment Phone Numbers:

---

---

---

NOTE: If you will be working at more than one location in Teton County, you must attach the addresses of all other establishments where you will be working.

**Practitioner Section**

Please answer the following questions; if you answer "yes" to any of the following, attach all relevant information.

1 Have you been convicted of a criminal offense, other than a minor traffic violation?

Yes       No

2 Have you been formally charged with or disciplined for any violation of the rules, bylaws, or standards of practice of any governmental authority, health care facility, or professional organization?

Yes       No

3 Have you ever been denied a Body Art Practitioner License for any reason?

Yes       No

Please submit the following along with the completed application:

- 1 Valid documentation of Hepatitis B Virus (HBV) vaccination status
- 2 Evidence of successful completion of a course in Prevention of Disease Transmission and Bloodborne Pathogens
- 3 Evidence of Certification in Basic First Aid and Advanced CPR
- 4 Copy of current drivers license (with photo) indicating you are at least 18 years of age
- 5 Proof of successful completion of accredited, approved training and apprenticeship
- 6 Fee for \$100.00 (initial) or \$50.00 (renewal) made payable to: Teton County Public Health

**Applicant Statement of Consent**

I understand that I must have a valid license to conduct Body Art in the Teton Health District and that the license is valid for the conduct of those Body Art practices for which I have applied. I also understand that any notice to be mailed to me by the Teton County Public Health office will be mailed to my address indicated on this application and a copy of such notice will also be mailed to the operator of the Body Art Establishment that I have indicated above.

I have received a copy of the Teton Health District Body Art Rules. I have read and understand the obligations and requirements imposed upon a licensed Body Art Practitioner by those regulations. I also agree to comply with all of the regulation requirements specified in the Teton Health District Body Art Rules while practicing in the Teton Health District.

I hereby certify, under penalties of perjury, that to the best of my knowledge the information provided on this application is complete and accurate and is in no way misrepresented.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name of Applicant: (print)