



**GLYNN COUNTY ENVIRONMENTAL HEALTH
APPLICATION FOR BODY ART TECHNICIAN PERMIT**

1725 Reynolds St, Box 105, Brunswick, GA 31520.
Phone 912-279-2940 and Fax 912-267-4879.

For Internal Use Only:

Facility Permit Number: _____ Technician Permit Number: _____

Artist's Name: _____
Last First MI

Artist's Home Address: _____
Street Address City/State Zip

Phone Number: _____ Alt. Number _____

Procedure Performed: Tattooing Piercing Microblading

Body Art Establishment: _____

Owner of Establishment: _____

Address of Establishment: _____
Street Address City/State Zip

Phone Number: _____ Alt. Number: _____

Submission of Proof of satisfactory completion of the following:

1) Copy of Photo ID Attached: Yes No

2) Bloodborne Pathogens
_____ Date of Training Certification ID

3) First Aid / CPR Certification:
_____ Date of Training Certification ID

4) Hepatitis B Vaccine Series – Date Completed: _____

OR

5) Signed Hepatitis B Declination Form Submitted: Yes No

The undersigned hereby applies for a permit to operate as an artist pursuant to the Rules of Body Art Establishments and Procedures as Established by the Glynn County Board of Health (O.C.G.A. 31).

Applicant Signature

Date

For Internal Use Only:

Submitted copy of BBP: Yes No
Submitted copy of FA/CPR: Yes No
Submitted copy of Hep B Vaccine/Declination Letter: Yes No
Submitted copy of Government Issued ID: Yes No
Application Approved: Yes No Date of Approval: ___/___/___ EHS Initials: _____