



151 North Main Street  
Environmental Health, Suite 140  
Tooele, Utah 84074  
Phone (435) 277-2440 Fax (435) 277-2444

## APPLICATION FOR BODY ART OPERATOR HEALTH CARD

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

Place of Employment: \_\_\_\_\_

*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.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Permit expires two (2) years from issue date.

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### OFFICE USE ONLY

Written proof of Employment from a permitted facility:  Date received: \_\_\_\_\_

Vaccination Record (Hep. B series):  Date completed: \_\_\_\_\_

Completion of online blood borne pathogen-training course:  Date completed: \_\_\_\_\_

Amount Due: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Expires: \_\_\_\_\_ E.H Signature: \_\_\_\_\_