

# COUNTY OF SUFFOLK



**STEVEN BELLONE**  
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

**Gregson H. Pigott, MD, MPH**  
Commissioner

Dear Prospective Body Artist/Body Artist Apprentice;

Thank you for your interest in obtaining a Body Artist/Body Artist Apprentice Certificate. In order to obtain a Certificate, your attendance at the Department's "Body Artist Certificate Class" and subsequent passing of a written exam is required before your Certificate will be issued. Attendance at the class will be granted once the Department has received a **fully completed** application package **no less than two (2) weeks** prior to the class date. Applications shall be submitted via mail or in-person at our office. Once your application package has been received and reviewed, a confirmation letter will be sent to you via email. Payment of \$90.00 is required by check, money order or visa/master card, paid to the order of the Commissioner of Health Services. The certificate must be renewed every three years.

Below you will find a checklist of all required documents that are needed in order to deem your application complete. If you cannot provide all of these documents in full, **do not** submit your application package, as it will not be accepted. The Department will review special/extenuating circumstances for application paperwork on a case-by-case basis.

## **Tattoo Artist/Body Piercer Applications:**

- \_\_\_ Body Artist Certificate Application
- \_\_\_ Declination of Hepatitis B Vaccine (or proof of vaccine)
- \_\_\_ Attestation Form (if seeking a Reciprocal Certificate from an alternate jurisdiction)
- \_\_\_ Apprentice Registration Form (if you have **not** been previously certified in Suffolk County or an alternate jurisdiction)
- \_\_\_ \$90 class registration fee (checks payable to "Commissioner of Health Services"; credit card call (631)852-5841)

Sincerely,

Madelaine Feindt  
Associate Public Health Sanitarian  
Bureau of Public Health Protection  
Suffolk County Department of Health Services



**Public Health**  
Prevent. Promote. Protect.

BUREAU OF PUBLIC HEALTH PROTECTION  
360 Yaphank Avenue, Suite 2A, Yaphank, NY 11980 (631) 852-5900 FAX (631) 852-4824

**SUFFOLK COUNTY DEPARTMENT OF HEALTH  
SERVICES BODY ARTIST CERTIFICATE APPLICATION**

<u>For Office Use Only</u>	<u>For Office Use Only</u>
	<input type="checkbox"/> Body Artist <input type="checkbox"/> Body Piercer <input type="checkbox"/> Apprentice <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Permanent Make-up <input type="checkbox"/> Cosmetic Tattoo Artist

**PLEASE PRINT**

**USE BLACK INK ONLY**

**1. PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Phone No.: (    ) \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Current Suffolk County Dept. of Health Body Artist Certificate No.: \_\_\_\_\_

Certificate Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Equipment Type (check one):  Multi-use  Single-use

**2. SHOP INFORMATION:**

*Indicate the permitted establishment where you are presently employed in Suffolk County, NY. Employment at a Suffolk County permitted facility is required to receive a Body Artist Certificate*

Name: \_\_\_\_\_ Permit # \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Phone No.: (    ) \_\_\_\_\_ - \_\_\_\_\_

For the above shop you are (check one):  Owner  Employee  Private Contractor

The applicant hereby agrees to conform to all the provisions set forth in Article 14 of the Suffolk County Sanitary Code, Body Art Establishment Regulations, including but not limited to Section 760-1409 Personnel, Health and Disease Control. The applicant hereby agrees that the information provided herein is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>For Office Use Only</u></b>	
DATE OF CLASS ATTENDANCE: ____/____/____	EXAM SCORE: _____ CERTIFICATE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO
CERTIFICATE #: _____	DATE ISSUED: ____/____/____ DATE EXPIRES: ____/____/____
\$90 FEE PAID: <input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF PAYMENT: <input type="checkbox"/> VISA/MASTERCARD <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER



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## HEPATITIS B VACCINE DECLINATION FORM

My employment as a **Tattoo Artist / Body Piercer / Body Artist Apprentice / Permanent Make-up Artist / Cosmetic Tattoo Artist** (circle all that apply) places me at risk for **Hepatitis B** exposure. I am aware that my job tasks involve exposure to blood.

I have been educated regarding the risks of acquiring **Hepatitis B** in the process of applying a body art procedure to a client. I have been educated about the protection afforded me by the **Hepatitis B Vaccine**.

I understand that due to my occupational exposure to blood, I may be at risk of acquiring **Hepatitis B** and may even, as a result, become a chronic carrier of the disease and be capable of transmitting it to my clients. I, nevertheless, decline to receive the **Hepatitis B Vaccine**.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Shop Name: \_\_\_\_\_ Shop Permit No.: \_\_\_\_\_



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ATTESTATION REGARDING REQUIREMENTS OF
SUFFOLK COUNTY SANITARY CODE ARTICLE 14

\*This form is specific to Tattoo Artists and Body Piercers

I, \_\_\_\_\_, attest that to the best of my knowledge and my belief, the
following information provided in this declaration is true and correct. I understand that the
Suffolk County Department of Health Services may request additional information to
substantiate the statements made in this declaration:

Name of Former Shop: \_\_\_\_\_ Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Shop Address: \_\_\_\_\_

Body Art Activities Performed at Former Shop: \_\_\_\_\_

Number of Tattoos/Piercings performed \_\_\_\_\_

Dates of Activities: \_\_\_\_\_

Attester's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

ATTACH: BODY ART LICENSE OR CERTIFICATE FROM ALTERNATE JURISDICTION

ATTACH: REQUIRED LETTER OF RECCOMENDATION FROM FORMER SHOP OWNER

Current Suffolk County Body Art Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Facility ID Number: \_\_\_\_\_

Facility Owner/Operator Signature (REQUIRED): \_\_\_\_\_

Date Signed: \_\_\_\_\_

