

COUNTY OF SUFFOLK



STEVEN BELLONE

SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

GREGSON H. PIGOTT, MD, MPH  
Commissioner

**Body Artist Apprentice Registration Form**

**\*For aspiring Body Artists without a Suffolk County Body Artist Certificate**

Apprentice Name:

Date:

\_\_\_\_\_  
(Last, First, MI)

The Body Art Establishment listed below agrees to sponsor the above listed person as an Apprenticing Body Artist. The Suffolk County Certified Body Artist listed below agrees to be a Body Artist Mentor for named Body Artist Apprentice. The Apprenticing Body Artist, the Mentoring Body Artist, and the permit holder of the establishment all affirm to adhere to the requirements of Article 14 of the Suffolk County Sanitary Code and its Appendices

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

Establishment Address: \_\_\_\_\_

Permit # \_\_\_\_\_

Anticipated Start/End Date of Apprenticeship \_\_\_\_\_

**Mentoring Artist Information**

Printed Name

Signature

Certificate #

Phone #

1.

2.



BUREAU OF PUBLIC HEALTH PROTECTION  
360 Yaphank Avenue, Suite 2A, Yaphank, NY 11980  
(631) 852-5999 | Fax (631) 852-5871

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

For Office Use Only

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\_\_\_ Body Artist \_\_\_ Body Piercer \_\_\_ Apprentice

\_\_\_ Owner \_\_\_ Manager

\_\_\_ Permanent Make-up \_\_\_ 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: \_\_\_\_\_

**For Office Use Only**

DATE OF CLASS ATTENDANCE: \_\_\_\_/\_\_\_\_/\_\_\_\_ EXAM SCORE: \_\_\_\_\_ CERTIFICATE ISSUED: \_\_\_ YES \_\_\_ NO

CERTIFICATE #: \_\_\_\_\_ DATE ISSUED: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE EXPIRES: \_\_\_\_/\_\_\_\_/\_\_\_\_

\$90 FEE PAID: \_\_\_ YES \_\_\_ NO METHOD OF PAYMENT: \_\_\_ VISA/MASTERCARD \_\_\_ CHECK \_\_\_ 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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**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: \_\_\_\_\_



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