



Cattaraugus County Health Department

Environmental Health Division - Body Art Program

716-701-3386

Application for a Certificate to Practice Body Art

Pursuant to SCCCHD 29.3.1



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department

Applicant Information:

1. Name: _____

2. Mailing Address: _____

3. City: _____ 4. State: _____ 5. Zip Code: _____

6. Physical Address (if different from mailing address): _____

7. Telephone: _____ 8. Email: _____

9. Current Practitioner Certificate Number (if applicable): _____

10. List below all Body Art Establishments where you intend to practice in the next year.

Body Art Establishment Name(s):

11. Date of Birth: _____

12. Date of Bloodborne Pathogen Training: _____

13. Attached Required Documentation:

- Copy of government issued photo identification displaying date of birth (*Driver's License, Sheriff's ID Card, Military ID, Passport, etc.*)
- Bloodborne Pathogen Training Certificate of Completion (*must meet OSHA standard 29 CFR 1910.1030*)
- A physical or digital image of yourself (approximately 2" by 3" in size) presenting the full head from the top of the hair to the bottom of the chin. *Note: This image will be printed on your certificate.*

Applicant Acknowledgement and Signature:

False statements made on this application are punishable under NYS Penal Law. Failure to sign or fully complete this application may delay or prevent issuance of your Certificate to Practice Body Art. Performing a "Body Art" procedure without a valid "Certificate to Practice Body Art" is a violation of the Sanitary Code of the Cattaraugus County Health District.

"I hereby acknowledge that I received, read and understand the requirements of Sanitary Code of the Cattaraugus County Health District, Part 29 – Body Art and will conduct all Body Art procedures in accordance with all legal requirements."

Signature of Body Art Practitioner

Printed Name of Body Art Practitioner

Date

FOR CCHD STAFF USE ONLY

Staff Approval: YES NO YES, with conditions listed below

Signature: _____ Date: _____

Certificate Effective Date: _____ Certificate Expiration Date: _____