

FIRST DISTRICT HEALTH UNIT

801 11TH AVE SW – PO BOX 1268

MINOT ND 58702-1268

PHONE (701)-852-1376 FAX (701)-852-5043

2019 BODY ART APPRENTICE PERMIT APPLICATION

NAME OF OPERATOR		OPERATORS LICENSE #	
MAILING ADDRESS	CITY	STATE	ZIP CODE
FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE
OPERATOR PHONE NUMBER	FACILITY PHONE NUMBER		
NAME OF APPRENTICE		DATE OF BIRTH	
MAILING ADDRESS		STATE	ZIP CODE
PHONE NUMBER	TYPE OF APPRENTICESHIP: TATTOOING PIERCING BOTH		

INCLUDE A COPY OF A CURRENT, PHOTO ID (COPY SHOULD BE COLOR AND CLEAR) FOR THE APPRENTICE.

INCLUDE PROOF OF HEPATITIS B VACCINATION FOR THE APPRENTICE.

INCLUDE PROOF OF CPR CERTIFICATION AND COMPLETION OF BLOODBORNE PATHOGENS COURSE FOR THE APPRENTICE.

INCLUDE COPY OF OPERATORS LICENSE FOR OPERATOR UNDER WHOM THE APPRENTICE WILL WORK.

IF ANY CHANGES ARE MADE TO ANY OF THE ABOVE ITEMS, NOTIFY THIS OFFICE IMMEDIATELY.

SEND APPLICATION, ASSOCIATED DOCUMENTS
AND \$200.00 PERMIT FEE TO:

FIRST DISTRICT HEALTH UNIT
PO BOX 1268
MINOT ND 58702-1268

I CERTIFY THAT I AM FAMILIAR WITH ALL REQUIREMENTS IN THE FIRST DISTRICT HEALTH UNIT REGULATIONS FOR OWNERS AND OPERATORS OF BODY ART ESTABLISHMENTS AND EAR PIERCING ESTABLISHMENTS AND THAT I SHALL ENSURE THAT THE ABOVE NAMED PERSON WILL OPERATE IN A MANNER THAT WILL BE IN FULL COMPLIANCE WITH ALL REGULATIONS CONTAINED THEREIN:

PERMIT IS VALID FOR THREE YEARS.

SIGNATURE OF OPERATOR

DATE

SIGNATURE OF APPRENTICE

DATE

EHP APPROVAL: _____