



Body Artist Application Checklist

Applications will not be accepted until all required documentation has been received.

- Proof of immunization against hepatitis B virus.
- Valid government-issued ID. Applicant must be 18 years of age or older.
- Current certifications in:
 - **Bloodborne pathogens** training certificate from an industry-specific program.
 - **CPR** training certificate (American Red Cross or equivalent).
 - **First aid** training certificate (American Red Cross or equivalent).
- Proof of training is required for each body art technique. Submit to the Health Department before adding as a service. Provide proof of (1) of the following:
 - **Body Tattoo & Piercing Artist:** 3-month full-time apprenticeship at a permitted body art facility, with a signed statement detailing training.
 - **PMU & Microblading Artist:** 80 hours of supervised training at a body art establishment permitted by its local Health Department. Training must be documented in hourly increments by the individual doing the training. Please request the associated training documents. A copy of a training certificate from an in-person training course is also required. Only under limited circumstances can the hours from a training course be applied to the 80 supervised hours. Individuals with a valid medical license in the State of Utah may be exempt from the additional 80-hour training requirement. Online courses are acceptable for continuing education only; they are not an option for learning a new PMU method or type of tattoo.
 - **Established Body Artist:** 30 consecutive months as a body artist at a licensed facility.
- Copy of all patron forms and sterilization record forms:
 - Client consent and disclosure form.
 - Aftercare instructions for each body art service being offered.
 - Sterilization record. This must be included with each client's consent form, detailing sterilization information for each sterile instrument used for each body art session.
 - If implements are pre-packaged and pre-sterilized, include details like invoice or lot numbers.
 - For on-site sterilization using an autoclave, record sterilization batch numbers or dates.
- List all inks, pigments, needles, topical anesthetics, disinfectants, and equipment that will be used, including manufacturer and model numbers; comprehensive jewelry details are not necessary, but manufacturer and **material information is required.**
- Take the Body Artist Exam, the final step in your application. You can only take the exam after your documentation has been reviewed and approved. **Exams are held at our St. George office on the 2nd & 4th Wednesdays at 1 PM.**

Fine Line & Tiny Tattoo Artists: No distinction between tiny, fine line, and body tattoos; requires a 3-month full-time apprenticeship at a permitted facility. The **80-hour training is not an option** for these artists.

Piercing Artists: Only offer services trained for (e.g., ear lobe and cartilage). **Additional training is required** for other piercings (navel, nose, etc.).

Piercing Gun Use: Use for ear lobe only; **cartilage piercings prohibited.**



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 260 East D.L. Sargent Dr., **CEDAR CITY** 84721 – (435) 586-2437
 445 N. Main, **KANAB** 84741 – (435) 644-2537
 P.O. Box 374, 601 E. Center, **PANGUITCH** 84759 – (435) 676-8800
 P.O. Box G, 75 West 1175 North, **BEAVER** 84713 – (435) 438-2482
www.swuhealth.gov

Body Artist Permit Application

The artist permit fee can be found at swuhealth.gov/fees. (valid for 2 years)

Applicant Name: _____ Applicant Phone: _____ - _____ - _____

Mailing Address: _____
City Zip

Applicant Email: _____

Name of the permitted body art facility where you will work: _____

Does the facility currently have a Health Department Body Art permit? NO YES, _____
Permit #

Business/Instructor where you received training: _____

List all body art techniques/services you will offer: _____

Body Artist Permits are valid for 2 years and are non-transferable. Moving without updating your permit invalidates it, but there are no fees to change the facility name. I agree to notify the Southwest Utah Public Health Department (SWUPHD) if I change facilities. **Initials:** _____

I have read and understood the SWUPHD Body Art Regulations and agree to comply. **Initials:** _____

I have read and understood the Body Artist Application Checklist. I understand that falsifying training documents, performing body art services that I am untrained or undertrained to perform, or failing to follow sanitary practices **may result in the revocation** of my Body Artist Permit. **Initials:** _____

Applicant Signature: _____ Date Signed: _____

HEALTH DEPARTMENT USE ONLY	
HBV Vaccine Series: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	
Body Artist Exam Date: _____ Exam Score (passing score 80%): _____	
Signature of Health Department Inspector: _____ Date: _____	
Permit Fee Received: \$ _____ Initials: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	