

FOR OFFICE USE ONLY

Tattoo/Body Piercing Checklist

- App. & Fee
- Date: _____ Check _____
- Birth Certificate
- Photo
- SSN
- Lic. Verification from other States
- BCI
- Examination
- CPR
- Bloodborne Pathogens



FOR OFFICE USE ONLY

Application Approved:
License Number:
Issue Date:
Program Supervisor Initials:
ID#:
Receipt #:

Rhode Island
Department of Health
 Room 306
 3 Capitol Hill
 Providence, RI 02908-5097

Instructions and Application For

License As A

- Tattoo Artist Body Piercing Technician

or

Registration As A

- Tattoo Apprentice Body Piercing Apprentice

Note: One application is required for each type of license being sought. Following apprenticeship completion, an application for licensure must be submitted with the required fee and documentation.

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2566

TTY/TDD: (800) 745-5555

APPLICATION REQUIREMENTS

Incomplete forms will be returned to you and your license will not be issued. Once submitted, these forms become a part of the application of record and are considered public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal Law.

- Completed Application with Cover Page - Applications are valid for one (1) year from the day they are received at RIDOH. If you are not licensed within the year, you must submit a new application. Separate applications are required for apprenticeship registration and licensure.
- For licensure only:** Check or money order (preferred) made payable (in U.S. funds only) to RI General Treasurer in the amount of **\$90.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE. **There is no fee for apprenticeship registration.**
- A passport-type 2x3 inch photograph, taken within one (1) year. Please affix the photo to page 5 and date below in the field provided.
- Birth Certificate, or if born outside the United States, proof of lawful entry and eligibility for employment in the United States
- Copies of active CPR/First Aid and Bloodborne Pathogen Certificates.
- Original** Background Check with stamp and seal from the RI Attorney General's Office or Local Police Department within the last year. Applicants are responsible for costs incurred in this process.
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose.)
- One of the following:** (First time applicants only – not required for reinstatement of a previously held RI license)
 - For apprenticeship registration: Signed letter from a RI licensed Tattoo Artist or Body Piercer stating you will be apprenticing under their direct, full time supervision. There is no fee due for apprenticeship registration.
 - For applicants who have completed an apprenticeship: Signed letter from a licensed Tattoo Artist or Body Piercer stating the applicant has satisfactorily completed the RI apprenticeship requirements and documentation of such training. (Tattoo apprenticeships must meet the requirements at [§15.4.3 216-RICR-40-10-15.](#))
 - For applicants previously licensed in another State or Country: Documentation equivalent to 18 months of tattoo apprenticeship or appropriate duration of body piercing training
 - For individuals providing permanent cosmetics ONLY who do not have any of the above credentials: Certificate of completion from an *approved* course. (Courses must be completed in person with hands-on training on live models.)

IMPORTANT: Upon receipt of your completed application for licensure, a RI Dept of Health employee will contact you **via email** to schedule the RI Tattoo Artist or Body Piercing License Exam.

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. RIDOH will not, for any reason, accelerate the processing of one applicant at the expense of others.

License Certificates

If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



State of Rhode Island

Tattoo Artist/Body Piercing

Application for License as a Tattoo Artist/Body Piercer

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

<p>1. Name(s)</p> <p>This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.</p> <p>You must supply your legal name which matches all your supporting documentation.</p>	<div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Title (i.e., Mr., Mrs., Ms., etc.)</p> <hr/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>First Name</p> <hr/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Middle Name</p> <hr/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Surname, (Last Name)</p> <hr/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Suffix (i.e., Jr., Sr., II, III)</p> <hr/> <p>Maiden, if applicable Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).</p>
<p>2. Social Security Number</p>	<div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>U.S. Social Security Number</p> <p style="font-size: small;">“Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State.”</p>
<p>3. Gender</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>4. Date and Place of Birth</p>	<div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Month Day Year</p> <hr/> <p>City and State; OR Province and Country, etc., if <u>NOT</u> U.S.</p>
<p>5. Home Address</p> <p>It is your responsibility to notify the Department of Health of all address changes.</p>	<div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>1st Line Address (Apartment/Suite/Room Number, etc.)</p> <hr/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Second Line Address (Number and Street)</p> <hr/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>City</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>State Zip Code</p> <hr/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Country, if <u>NOT</u> U.S.</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Postal Code, If <u>NOT</u> U.S.</p> <hr/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Home Phone</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Home Fax</p> <hr/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Email Address (Format for email address is Username@domain e.g. applicant@isp.com)</p>
<p>6. Business Address (ONLY if it is RELATED to your license.)</p> <p>It is your responsibility to notify the Department of Health of all address changes. If you are an apprentice, provide the name of the licensed parlor you will be working in. <i>This address will appear on the Department of Health website.</i></p>	<div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Name of Business/Work Location</p> <hr/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>1st Line Address (Department/Suite/Room Number, etc.)</p> <hr/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Second Line Address (Number and Street)</p> <hr/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>City</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>State Zip Code</p> <hr/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Country, if <u>NOT</u> U.S.</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Postal Code, If <u>NOT</u> U.S.</p> <hr/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Business Phone</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Extension</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Business Fax</p>

7. Preferred Mailing Address
Please check ONE

Please use my **Home Address** as my preferred mailing address

Please use my **Business Address** as my preferred mailing address

8. Training

Please describe the type of training & experience you have completed that qualifies you for this license.
If you are an apprentice provide the contact information of your mentor.
If you are a permanent makeup artist, please provide copies of your certificates.

9. Other State License(s)
Please answer the question and list state(s), if applicable

Have you ever held, or do you currently hold, a license in another state? Yes No

If the answer to this question is **“yes”**, enter all other state licenses in Question 10 (below):

10. Licensure

List all states or countries in which you are now, or ever have been licensed to practice your profession.

State/Country:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	State/Country:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
<input type="text"/>	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="text"/>	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
<input type="text"/>	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="text"/>	<input type="checkbox"/> Active <input type="checkbox"/> Inactive

DOCUMENTATION NEEDED for Other State Licenses:
You must send an “Interstate Verification Form” (see page 6) to **each** state in which you are, or ever have been, licensed as a Tattoo Artist or Body Piercer (make copies as needed). The interstate verification form must be completed for your application to be deemed complete.

11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.
If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered into a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? Yes No

Abbreviation of State and Conviction ¹ (e.g. CA - Illegal Possession of a Controlled Substance):	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Disciplinary Questions
Check either Yes or No for each question.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending? Yes No

2. Have you ever been denied a license, certificate, registration or permit in any state? Yes No

Note: If you answer “Yes” to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use a separate sheet of paper. Any applicant, whose criminal records check reveals a conviction for any sexual offense, shall be denied a license.

13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____ being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a **Tattoo Artist, Tattoo Artist Apprentice, Body Piercer, Body Piercer Apprentice (please circle the type of license that you are applying for)** in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

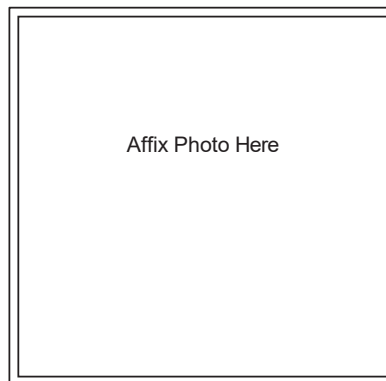
Date of Signature (MM/DD/YY)

14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph



Rhode Island Department of Health (Tattoo Artists/Body Piercers)

Substitute forms are not acceptable, copy this form as needed.

Room 306, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSURE

I am applying for a license to practice as a Tattoo Artist or Body Piercer in the State of Rhode Island. The Rhode Island Department of Health requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Department of Health at the above address.

Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

License Number Date Issued

THIS SECTION TO BE COMPLETED BY THE TATTOO/BODY PIERCING BOARD

Training Completed:

Location:

Completion Date:

License Status:

Active Inactive Lapsed

Original Date Issued:

Expiration Date:

Questions:

- Has this licensee ever been investigated by your Board? Yes No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
- Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature

Date

Type or Print Name

Title

Full Name and State of Licensing Board

Please Affix
Board Seal Here

Please return directly to the Department of Health at the above address. Thank you for your prompt cooperation.