



Tattoo Artist Renewal Permit Application

Iowa Department of Public Health
Division of ADPER & EH, Tattoo Program
321 E 12th Street, Des Moines, Iowa 50319-0075
For questions contact: Chelsea Stevens Phone: (515) 281-5894
Email: chelsea.stevens@idph.iowa.gov

- Fees must be paid by check or money order made payable to the Iowa Department of Public Health and sent to the address shown at the top of this form.
- Permits expire each year on December 31.
- In addition to the \$75 renewal fee, there will be an additional \$25/month late fee for all applications received after Dec. 1. If you have allowed your permit to lapse, please call the department for information on how to reinstate your permit.

Incomplete applications will be returned.

First Name		Middle Initial	Last Name	
Address		City	State	Zip Code
Phone	Work Phone (optional):		Email Address	
Social Security Number		Date of Birth		
Place of Employment				

¹ Privacy Act Notice: Disclosure of your Social Security Number on this registration application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Be sure to enclose proof of:

- Bloodborne Pathogen Training
- First Aid Training
- \$75 renewal fee

An annual, nonrefundable application fee of \$75 shall be payable by check or money order to the Iowa Department of Public Health. Remit fee with the application. Cash is not acceptable.

Mail completed application and fee to address shown at the top of this application. Renewal applications are due by December 1 of each year. Permits expire each year on December 31st. Please call (515) 281-5894 if you have any questions.

The following questions must be answered or your application will be returned:

If you answer "Yes" to any of the questions below then you must follow the directions under the question for any additional information or documentation that must be provided with the application.

At the discretion of the bureau, additional information and/or documentation may be requested.

Place an "X" in the appropriate box

<p>During the previous licensing period, did you develop a medical condition, which in any way impairs or limits your ability to perform the duties of this profession? Medical condition means any physiological, mental, or psychological condition, impairment, or disorder including drug addiction and alcoholism.</p> <p><i>If yes, provide a description of your condition and submit a letter from a physician stating how your condition will affect your ability to perform the duties of this profession.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>During the previous licensing period, did you engaged in the illegal or improper use of drugs or other chemical substances?</p> <p><i>If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>During the previous licensing period, were you convicted of, plead guilty to, or entered a plea of no contest to a misdemeanor or felony crime? (Other than minor traffic violations with fines under \$250)?</p> <p>You must answer "yes", even if the court expunged the matter or the court deferred judgment.</p> <p><i>If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.</i></p> <p>Printouts from the "Iowa Courts Online" website are not acceptable documentation.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>During the previous licensing period did any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you?</p> <p><i>If yes, include the date, location, reason, and resolution.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>During the previous licensing period were there any judgments or settlements paid on your behalf as a result of a professional liability case?</p> <p><i>If yes, include the date, location, reason, and resolution.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>During the previous licensing period did you have a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?</p> <p><i>If yes, provide a description of the circumstances.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning my application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that I am required to update answers or information submitted herewith if the response or the information changes.

In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I provided on or in conjunction with this application.

I understand that this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the and agree to comply with the permit requirements, work practice standards, and all other provisions of Iowa Administrative Code 641 -- Chapter 22.

Applicant Signature _____

Date _____