



BODY ART PRACTITIONER PERMIT APPLICATION

Name: _____

Home Address: _____ City: _____ Zip: _____

Home Telephone Number: _____ Email: _____

Would you like a copy of your Practitioner Permit emailed to you? Yes No

Please submit a copy of your photo ID when applying.

Name of Blood Borne Pathogen Course Completed: _____

Date Blood Borne Pathogen Certificate was Issued: _____

Blood borne pathogen courses are subject to approval by Oakland County Health Division (OCHD). Please attach a copy of your certificate issued within the past year. If you did not complete an industry specific blood borne pathogen training course, please also provide proof that you have completed site specific blood borne pathogen training within the past year at a body art facility licensed by the State of Michigan.

Dates of Immunizations for Hepatitis B:

1. _____ 2. _____ 3. _____

Please submit a copy of your Hepatitis B Immunization Records. A completed OCHD Hepatitis B Vaccine Waiver/ Deferral will fulfill this requirement.

Body Art Facility Where You Will Be Employed (**required**): _____

Signature of Applicant

Date

Please be advised you are not permitted to practice body art in Oakland County until you have received a copy of your Oakland County Body Art Practitioner Permit. Please allow up to 30 days for us to respond to your permit application.

OAKLAND COUNTY HEALTH DIVISION

NOHC, 1200 N. Telegraph Road, Pontiac, MI 48341 (248) 858-1280

SOHC, 27725 Greenfield Road, Southfield, MI 48076 (248) 424-7000

The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and Federal eligibility requirements apply for certain programs.