



Tattoo Artist

Permit Renewal Application

Mail form and fee to: DIAL
ATTN: Tattoo Program
6200 Park Ave, Suite 100
Des Moines, IA 50321

Questions? Contact: tattoo@dia.iowa.gov

- The renewal period starts October 1 of each year. Renewals mailed before October 1 are returned.
- Permits expire annually on December 31. Renewal applications are due by December 1.
- Fee, application, and training certificates can be mailed to the address shown at the top of the form.
- Incomplete applications will be returned.
- Permit reinstatements (lapsed for more than 90 days) can use this form to reinstate at any time.

Applicant Information

First Name	M. Initial	
<input type="text"/>	<input type="text"/>	
Last Name		
<input type="text"/>		
Address		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number		
<input type="text"/>		
Email Address		
<input type="text"/>		
SSN	DoB (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>	
Place of Employment (optional)		
<input type="text"/>		

Renewal Attachments

- Training must not have expired.
 - Training must be Red Cross or a national equivalent.
- ☐ **First Aid Training**
 - CPR/AED-only training can't be accepted.
 - The training must specify that it includes "first aid."
- ☐ **Bloodborne Pathogens Training**
 - Unless otherwise specified, bloodborne pathogens trainings expire 1 year after the completion date.
- ☐ **Renewal Application Fee**
 - Check or money order payable to the agency above. Do not send cash.
 - Applicable fees under the Fees section.
- ☐ **Documentation for any Yes answer under Affirmation** (if applicable)

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.

Affirmation

- Each Yes/No question must be answered.
- If you need to answer "Yes" to any question, follow the directions under the checkboxes. Attach additional pages if necessary.

1. During the previous licensing period, did you develop a medical condition that in any way impairs or limits your ability to perform the duties of this profession?

☐ Yes ☐ No

If yes, describe your condition in the box below. Include a letter from a physician stating how your condition will affect your ability to perform the duties of this profession.

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Affirmation (Continued)

2. During the previous licensing period, did you engage in the illegal or improper use of drugs or other chemical substances?

☐Yes ☐No

If yes, provide a statement in the box below and enclose a copy of relevant documentation, including records from a physician or treatment program.

3. During the previous licensing period, were you convicted of a misdemeanor or felony crime?

- Exclude minor traffic violations with fines under \$250.
- Include any convictions where the adjudication of guilt is deferred, withheld, or not entered.

☐Yes ☐No

If yes, include the complaint and judgment of conviction for each offense in the box below. Include a statement of the circumstances leading to each complaint.

4. During the previous licensing period, did any state, other US jurisdiction, or other nation limit, restrict, warn, censure, place on probation, suspend, revoke, or otherwise discipline a professional license, permit, registration, or certification issued to you?

☐Yes ☐No

If yes, provide the date, location, reason, and resolution in the box below.

5. During the previous licensing period, were there judgments or settlements paid on your behalf as a result of a professional liability case?

☐Yes ☐No

If yes, include the date, location, reason, and resolution in the box below.

6. During the previous licensing period, did you have a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?

☐Yes ☐No

If yes, describe the circumstances in the box below.

Permit Reinstatement (Artist permit lapsed for more than 90 days)

- Questions 7 and 8 only apply if your tattoo artist permit has lapsed for more than 90 days

7. Since your permit expired, have you been tattooing in the State of Iowa?

☐Yes ☐No ☐Not Applicable

If yes, include a \$25 late fee for each month lapsed.

8. Are you reinstating for this year, next year, or both?

- Only applicable if you are reinstating during the program's renewal period (October 1 – December 31)

☐This Year ☐Next Year ☐Both

☐Not Applicable

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Fees

There is an annual, nonrefundable application fee of **\$75.00** payable by check or money order to the department listed at the top of the form. Do not send cash in the mail.

There is an additional \$25/month late fee for all renewal applications mailed after December 1.

Renewal mailed on:	Fee Total
October 1 – December 1 (Applications received before October 1 will be returned)	\$75.00
December 2 – December 31 (+ \$25 late fee)	\$100.00
January 1 – January 31 (+ \$50 late fee)	\$125.00
February 2 – March 1 (+ \$75 late fee)	\$150.00
March 2 and after - Permit expired (+ \$25 Reinstatement fee) <ul style="list-style-type: none">• If you answered “Yes” to question 7, you must include an additional \$25 late fee for each month lapsed.• If you answered “Both” to question 8, add \$75.00 to the fee total.	\$100.00

Signature

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 492 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read and agree to comply with the permit requirements, work practice standards, and all other provisions of Iowa Administrative Code 481, Chapter 492.

Applicant Signature _____ Date: _____