



Tattoo Artist - Permit Renewal Application

Iowa Department of Inspections, Appeals, & Licensing Tattoo Program 6200 Park Ave, Suite 100 Des Moines, IA 50321	For questions, contact: env.health@dia.iowa.gov
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- 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 certifications can be mailed to the address shown at the top of the form. Incomplete applications will be returned.

Tattoo Artist Details

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

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

All questions under Affirmation 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. The Department may request additional information and/or documentation.

<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, attach 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> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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Affirmation (Continued)

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

If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.

Yes No

During the previous licensing period, were you convicted of a misdemeanor or felony crime? You do not need to answer yes if your sole conviction(s) are for minor traffic violations with fines under \$250. In answering this question, note that a conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. This means you must answer yes if a finding or verdict of guilt was returned against you in a criminal proceeding or if you plead guilty, entered a plea of nolo contendere, or entered an Alford plea in a criminal proceeding, even if the court expunged the matter or the court deferred judgment.

If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.

- You must submit the complaint and judgment of conviction for each offense.
- Printouts from the "Iowa Courts Online" website are not acceptable documentation.

Yes No

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

If yes, include the date, location, reason, and resolution.

Yes No

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

If yes, include the date, location, reason, and resolution.

Yes No

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

If yes, provide a description of the circumstances.

Yes No

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

If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program..

Yes No

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

The following question applies only if your tattoo permit has lapsed for more than 90 days.

Since your permit expired have you been tattooing in the State of Iowa? If Yes, include a \$25 late fee for each month lapsed.

Yes No Not Applicable

Supplemental Documentation (include with your application)

- Valid Red Cross (or equivalent) first aid training certificate
 - CPR/AED-only training cannot be accepted. The training must specify that it includes first aid.
- Valid Red Cross (or equivalent) bloodborne pathogens training certificate
- Application Fee
 - Check or money order payable to the agency above. Do not send cash.
- Documentation for any Yes answer(s) under [Affirmation](#) (If applicable)

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) You must answer the Permit Reinstatement (Artist permit lapsed for more than 90 days) question. If you answer Yes, you must include an additional \$25 late fee for each month lapsed.	\$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 22 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 641 -- Chapter 22.

Applicant Signature _____

Date _____