



### Tattoo Artist - Initial Permit 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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- Permits expire annually on December 31. Renewal applications are due by December 1.
- There is an annual, nonrefundable application fee of \$75 payable by check or money order to the department listed above. There is an additional \$25/month late fee for all applications received after December 1.
- If you have allowed your permit to lapse more than 90 days there will be an additional \$25 reinstatement fee.
- Include valid proof of:
  - Bloodborne Pathogen Training Certification
  - First Aid Training Certification (CPR/AED is not acceptable unless it includes First Aid)
  - Proof of Age (copy of driver’s license or certified birth certificate)
- Fee, application, and certifications can be mailed to the address shown at top of form. 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				

**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.

### 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.

Additional information and/or documentation may be requested.



<p>Do you have a medical condition which in any way currently impairs or limits your ability to perform the duties of this profession?</p> <p>Medical Condition means any physiological, mental or psychological condition, impairment or disorder, including drug addiction and alcoholism.</p> <p><b><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></b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you within the past 5 years engaged in the illegal or improper use of drugs or other chemical substances?</p> <p><b><i>If yes, please provide a statement and a copy of relevant documentation including records from a physician or treatment program.</i></b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you ever been convicted of a misdemeanor or felony crime? (You do not need to answer yes if your sole conviction or convictions 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.</p> <p>You must submit the complaint and judgment of conviction for each offense.</p> <p><b><i>If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.</i></b></p> <p>Printouts from the "Iowa Courts Online" website are not acceptable documentation.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has 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><b><i>If yes, include the date, location, reason, and resolution.</i></b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have there ever been judgments or settlements paid on your behalf as a result of a professional liability case?</p> <p><b><i>If yes, include the date, location, reason, and resolution.</i></b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you ever had a license, permit, registration or certification denied, suspended, revoked or otherwise disciplined by a certification body?</p> <p><b><i>If yes, provide a description of the circumstances.</i></b></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 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** \_\_\_\_\_