

- Tattoo Artist**
- Body Piercing**

**Office Use Only**

Check No. \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Application for Provisional Registration

**Personal**

1. Name: \_\_\_\_\_  
*Last*
*First*
*Middle/Maiden*

2. Home Address: \_\_\_\_\_ 3. Telephone Number (\_\_\_\_) \_\_\_\_\_

4. \_\_\_\_\_  
*City*
*State*
*Zip Code*

5. Email Address: \_\_\_\_\_

6. Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ 7. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Race: \_\_\_\_\_ 9. Sex: Male  Female  10. US Citizen: No  Yes

- 11. Are there any criminal or civil suits pending against you? No  Yes
- 12. Have you ever been convicted of any felony or misdemeanor? No  Yes
- 13. Have you ever had a tattoo and/or body piercing license or registration revoked or suspended? No  Yes
- 14. Are you now, or have you ever been licensed or registered to perform tattooing and/or body piercing in any state or jurisdiction? If yes, list states below. Verification of license or registration from each state or jurisdiction must be submitted. No  Yes

\_\_\_\_\_

**Employment**

15. Place of Employment: \_\_\_\_\_

16. Owner: \_\_\_\_\_ 17. Work Telephone (\_\_\_\_) \_\_\_\_\_

18. Employment Address: \_\_\_\_\_

\_\_\_\_\_

*City* *State* *Zip Code*

**Supervision**

19. Name of Supervisor: \_\_\_\_\_

20. Registration Number of Supervisor: \_\_\_\_\_

- Tattoo Artist
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## Verification of License /Registration

**Instructions to Applicant:** Complete Section I of this form and submit it along with any fee (contact state in which you hold or have held a license for fee information).

**To licensing agency:** Complete Section II of this form and return this form and any attachments to:

Mississippi State Department of Health  
Professional Licensure - Tattoo & Body Piercing  
Post Office 1700  
Jackson, Mississippi 39215-1700

### Section I (to be completed by the applicant)

I am applying for registration in the State of Mississippi and I hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license/registration.

(Please print or type)

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street/Post Office Box City State Zip*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

### Section II (to be completed by licensing agency)

Name in which license/registration was issued: \_\_\_\_\_

Type of license: \_\_\_\_\_ License/Registration Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

- |   |  |
|---|--|
| Is license/registration current?  | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Is this individual in good standing?  | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Has any disciplinary action ever been taken against this individual? If yes, please attached explanation. | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Is there any derogatory information regarding this individual?  | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Do you have any additional comments? If yes, attach additional sheet.                                     | No <input type="checkbox"/> Yes <input type="checkbox"/> |

Date: \_\_\_\_\_ Signature of State Official: \_\_\_\_\_

Name of Board: \_\_\_\_\_

Address: \_\_\_\_\_

***Board Seal***