

- 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: _____

Subscribed and sworn to before me this _____ day
of _____, 20 _____.
My commission expires _____.

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Registration of Individuals Performing Body Piercing and affirm that all conditions for registration have been met and will be maintained.

Notary Public

Applicant's Signature

Notary Seal

*Copy of Social Security Card
or
Drivers License*

Complete form, enclose fee and mail to: **Mississippi State Department of Health
Professional Licensure: Tattoo & Body Piercing
Post Office Box 1700
Jackson, Mississippi 39215-1700**

*Photo
(only a Passport Photo
will be accepted)*

Supervision Agreement for Provisional Registration for Tattoo and/or Body Piercers

(Please print or type)

Provisional Registrant Information:

Name

Home Address

City, State, Zip

Signature of provisional registrant

I hereby certify and affirm, under the penalty of perjury, that the information on this form is correct. I understand that, as a provisionally registered tattoo artist and/or body piercer, I may practice only under the supervision of the below named supervisor in accordance with the supervision provisions as set forth in the Regulations Governing the Registration of Individuals Performing Tattooing and of Individuals Performing Body Piercing.

Supervision Information: (To be completed by the supervising tattoo artist and/or body piercer)

Name of Supervisor

Registration Number

Employment

Employment Address

Employment City, State, Zip

Signature of supervising tattoo artist and/or body piercer

I hereby certify and affirm, under the penalty of perjury, that the information on this form is correct and I will provide supervision for this applicant at all times when practicing at the above listed facility. I understand and accept fully that I am responsible for the practice of the registrant once a provisional registration has been issued. I agree that I will contact the Professional Licensure Office, in writing, when this agreement has been terminated.