

- Tattoo Artist**
- Body Piercing**

## 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  Yes
- Is this individual in good standing? No  Yes
- Has any disciplinary action ever been taken against this individual? If yes, please attached explanation. No  Yes
- Is there any derogatory information regarding this individual? No  Yes
- Do you have any additional comments? If yes, attach additional sheet. No  Yes

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

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

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

*Board Seal*