



RI Department of Health

Licensing Application and instructions for

Tattoo Artist and Body Piercing Technician

RI General Law Chapter R23-1-TAT

Licensee Name: _____

Licensee Number: _____

Reason for application (Please select one)

Tattoo Artist

Body Piercing Technician

****FOR OFFICE USE ONLY ****

Tattoo/Body Checklist

- App. & Fee
- Date: _____ Check _____
- Birth Certificate
- Photo
- SSN
- Lic. Ver. From other states
- BCI
- Examination

****FOR OFFICE USE ONLY ****

Application Approved: _____

License Number: _____

Issue Date: _____

Program Supervisor Initials:



State of Rhode Island and Providence Plantations
Department of Health

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

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 Application Materials

 Application..... 5-8
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 Interstate Verification Form - Other State License(s)..... 10
 Mandatory Addendum to License Application (Verification of S.S. #).. 11

Licensure Requirements

All Applicants

- Fee of **\$90.00 (NON-REFUNDABLE)**
- Recent passport type photograph.
- Birth certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***).
- Practical Examination Results - Rhode Island Department of Health
- **ALL Candidates must apply to the Bureau of Criminal Identification of the State or Local Police Department for a criminal records check. The report MUST be sent directly from the Bureau of Criminal Identification to:**

**Office of Facilities Regulation, Room 306
Tattoo/Body Program Manager
3 Capitol Hill Providence, RI 02908-5097**

APPLICANTS ARE RESPONSIBLE FOR ALL COSTS INCURRED IN THIS PROCESS .

License Verification

- License Verifications are required from the state(s) in which applicant holds or has held a license (Use Interstate Verification Form on page 10).

Rules and Regulations

The rules and regulations for the “Registration of Tattoo Artists and Tattoo Parlors” (R23-1-TAT) can be obtained at the Secretary of State web site:

http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/DOH_3804.pdf



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APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Facilities Regulation (FR).

Application Process

In addition to the application, you must submit additional information directly to HEALTH. All items listed on the “checklist” (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year a new application must be submitted.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying HEALTH, in writing, if your address changes in the interim. Please use the “License Profile Change” form for documenting changes. This form can be downloaded from the HEALTH website at:

<http://www.health.ri.gov/forms/changeofaddress/professions.pdf>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the HPR staff at (401) 222-2828.



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INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake. Type your information or print in blue or black ballpoint pen. HEALTH staff will not make assumptions about illegible information.
2. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
3. We suggest that you make a copy of your completed application before submitting it to HEALTH.
4. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make check or money order (in U.S. funds only) for the application fee of **\$90.00** payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE.
3. **For those born in US:** An original or notarized copy of birth certificate.
For those born outside US: An original or notarized copy of citizenship or lawful alien status.
4. Affix a recent **2 X 2 photo** of yourself in the space provided.
5. Mail the application and documentation to:

Rhode Island Department of Health
Office of Health Professionals Regulation, Room 306
Tattoo Artist/Body Piercing 3 Capitol Hill Providence, RI 02908-5097

VERY IMPORTANT!

UPON COMPLETION OF THE APPLICATION, YOU MUST CONTACT THE OFFICE OF FACILITIES REGULATION (401-222-2566) TO SCHEDULE AN APPOINTMENT FOR THE REQUIRED RHODE ISLAND DEPARTMENT OF HEALTH PRACTICAL EXAMINATION FOR TATTOO ARTIST OR BODY PIERCING.



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<p>7. Preferred Mailing Address Please check <u>ONE</u></p>	<p><input type="checkbox"/> Please use my Home Address as my preferred mailing address</p> <p><input type="checkbox"/> Please use my Business Address as my preferred mailing address</p>																						
<p>8. Training</p> <p>Please describe the type of training & experience you have completed that qualifies you for this license.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>																						
<p>9. Other State License (s)</p>	<p>Have you ever held, or do you currently hold, a license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer to this question is “yes”, enter all other state licenses in Question 10 (below):</p>																						
<p>10. Licensure</p>	<table border="0"> <tr> <td>State/Country:</td> <td>State/Country:</td> </tr> <tr> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> </tr> <tr> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> </tr> <tr> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> </tr> <tr> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> </tr> <tr> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> </tr> <tr> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> </tr> <tr> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> </tr> <tr> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> </tr> <tr> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> </tr> <tr> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> <td><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> </tr> </table>	State/Country:	State/Country:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive																			
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13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Tattoo Artist Body Piercer (Please circle the type of license that you are applying for) in the State of Rhode Island.

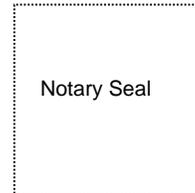
I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 43 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as documentation and did/did not take an oath.

Name of Notary (Print, type or Stamp) Signature of Notary
Notary No/Commission No. Commission Expiration Date (MM/DD/YY)

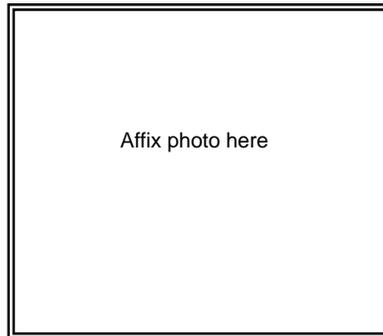


14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone)

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted



Write your name on the back of the photograph and provide the date that the photograph was taken.

Date of Photograph



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APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- I have read and understand the "Instructions for Completing the Application".
- I have completed the Rhode Island Board application as instructed (pages 5-8).
- I have attached the cover page of the application.
- I have completed Section 13, "**Affidavit of Applicant**", and had the form notarized by a Notary public.
- I have attached a photograph to Section 14, "**Recent Photograph**" as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have attached a birth certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***), and understand that submitted documents will not be returned.
- I have a **check or money order** (preferred), made payable (in U.S. funds only) to the: "**Rhode Island General Treasurer**" in the amount of **\$90.00 (NON-REFUNDABLE)** and attached it to the upper left-hand corner of the Cover (Top) page of the application.
- I have arranged my HEALTH Application materials in the following order.
 1. Fee (attached as instructed).
 2. Board Application (including cover page) and pages 5-8.
 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application MUST indicate the section for which the information is being reported.]
 4. Completed "Mandatory Addendum to License Application" (Verification of Social Security Number) Form
- I have mailed the above application materials directly to the Rhode Island Department of Health, Room 104, Tattoo Artist/Body Piercing

Required Forms

- I have completed and mailed the following forms as instructed.
 1. Interstate Verification Form(s) - Other State License(s) (if applicable).

Other Documents

- I have requested a background check from the Bureau of Criminal Identification be sent to the Department of Health Office of Facilities Regulation (Tattoo Artists/Body Piercers) as instructed.



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Substitute forms are not acceptable, copy this form

Rhode Island Department of Health
Office of Facilities Regulation (Tattoo Artists/Body Piercers)
Room 306, 3 Capitol Hill Providence, RI 02908-5097 (401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSURE

I am applying for a license to practice as a Tattoo Artist or Body Piercer in the State of Rhode Island. The Rhode Island Department of Health requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Department of Health at the above address.

Print/Type Full Name Signature Date
Previous Names Used Social Security Number Date
License Number Date Issued

THIS SECTION TO BE COMPLETED BY THE TATTOO/BODY PIERCING BOARD

Training Completed: Location: Completion Date:

Active Inactive Lapsed License Status: Original Date Issued: Expiration Date:

Questions:

- 1. Has this licensee ever been investigated by your Board?
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending?
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation?
4. Do you know of any information that may discredit this person?

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Four horizontal lines for providing a written explanation.

Certification:

Signature Date

Type or Print Name

Title

Full Name and State of Licensing Board

Please return directly to the Department of Health at the above address. Thank you for your prompt cooperation.



State of Rhode Island and Providence Plantations
Department of Health

Office of Facilities Regulation Room 306,
3 Capitol Hill, Providence RI, 02908-5097

**MANDATORY ADDENDUM TO LICENSE APPLICATION
Tax Payer Status Affidavit / Identity Verification**

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. . These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the tax administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy (Case # _____)
- I am in state receivership (Case # _____)
- I have been discharged from bankruptcy (Case # _____)

Type of Professional License for which you are applying

Full Name (Please print or type)

Social Security Number

Signature

Phone Number (include area code)

Date

This form must be completed, signed and attached to your license application for processing.