



DANIEL P. McCOY
County Executive

DEPARTMENT OF HEALTH
COUNTY OF ALBANY
175 GREEN STREET
ALBANY, NEW YORK 12202

MARIBETH MILLER, BSN, MS
Assistant Commissioner for Public Health

ELIZABETH F. WHALEN, MD, MPH
Commissioner of Health

PATRICIA J. SNYDER, MBA
Assistant Commissioner for Finance
and Administration

The Dr. John J.A. Lyons
ALBANY COUNTY HEALTH FACILITY
(518) 447-4580 FAX (518) 447-4698
www.albanycounty.com

**APPLICATION FOR NEW/RENEWAL FOR INDIVIDUAL TATTOO/BODY PIERCING ARTIST
CERTIFICATE**

Practice of tattooing or body piercing without certification is a violation of Albany County Law 4 of 1999
All new applicants must call 518-447-4620 to make an appointment for the Tattoo/Body Piercing Test.

*PLEASE INCLUDE \$180.00 CERTIFICATE FEE AND TWO (2) PASSPORT IDENTIFICATION PICTURES
WITH THIS COMPLETED APPLICATION FORM.*

Type of Application: New Renewal Certificate# _____

1. NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____ PHONE # _____

2. Procedures: Tattooing Body Piercing Both

3. Age: _____ Sex: Male Female

4. Shop Information (Indicate the tattoo/body piercing shop where you are currently employed):
 SHOP NAME _____
 SHOP ADDRESS _____
 CITY _____ NY ZIP _____ SHOP PHONE # _____

5. For the above tattoo/body piercing shop are you: (check one) Owner Employee

6. If employed at a second tattoo/body piercing shop(s), please provide shop(s) name an address:

7. The applicant hereby agrees that the information provided herein is accurate.

Signature _____ Date _____

8. Please mail the completed application, certificate fee in the amount of \$180.00, payable to Albany County Department of Health and *two (2) passport identification pictures* to:

Albany County Department of Health
Attn: Environmental Health
175 Green Street
Albany, NY 12202

Office Use Only

Certification issuance recommended No Yes Examination Score _____

Certificate# _____ Date Fee Received ____/____/____ Amount of Fee Received \$ _____

Date Certificate Mailed _____ Effective Date _____ Expiration Date _____

Signature _____ Title _____ Date _____