

County: \_\_\_\_\_

# APPLICATION FOR CERTIFICATION/REGISTRATION TO:

- |   |  |
|---|--|
| <input type="checkbox"/> TATTOO ARTIST              | <input type="checkbox"/> FOOD HANDLER                  |
| <input type="checkbox"/> BODY PIERCER               | <input type="checkbox"/> INSTALL ONSITE SEWAGE SYSTEMS |
| <input type="checkbox"/> TATTOO ARTIST/BODY PIERCER | <input type="checkbox"/> INSPECT ONSITE SEWAGE SYSTEMS |
| <input type="checkbox"/> LIMITED EAR PIERCER        | <input type="checkbox"/> OPERATE PUBLIC SWIMMING POOL  |
| <input type="checkbox"/> FOOD SERVICE MANAGER       |  |

**Social Security #** \_\_\_\_\_

**Alternate Certificate and #** \_\_\_\_\_

\$ \_\_\_\_\_ Fee Required     Check     Money Order     Cash     Master Plumber

Return Check or Money Order To:     Installer     Inspector     Attendant

Type:     Provisional     Full Certification

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Est. # \_\_\_\_\_

*I hereby certify that all work performed by me will be in accordance with the requirements set forth by the Cabinet for Health and Family Services.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Name of Local Health Department

