



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH

APPLICATION FOR CERTIFICATION/REGISTRATION TO:

- TATTOO ARTIST
FOOD HANDLER
BODY PIERCER
INSTALL ONSITE SEWAGE SYSTEMS
TATTOO ARTIST/BODY PIERCER
LIMITED EAR PIERCER
OPERATE PUBLIC SWIMMING POOL
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 [] Advanced [] Master Certification

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Email _____

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

Authorized Representative

Date

Name of Local Health Department

