



Tattoo Artist - Initial Permit Application

Iowa Department of Inspections, Appeals, & Licensing
Tattoo Program
6200 Park Ave, Suite 100
Des Moines, IA 50321

For questions, contact:
env.health@dia.iowa.gov

This application is for new tattoo artists. If you have previously held an Iowa tattoo artist permit, please submit a Tattoo Artist Renewal form.

- Tattoo permits expire annually on December 31. Renewal applications are due by December 1.
- There is an annual, nonrefundable application fee of \$75.00 payable by check or money order to the department listed above. There is an additional \$25.00/month late fee for renewal applications received after December 1.
- Fee, application, certifications, and supplemental documentation can be mailed to the address at the top of the form. Incomplete applications will be returned.

First Name		Middle Initial	Last Name		
Address		City		State	Zip Code
Phone	Work Phone (optional)		Email Address		
Social Security Number		Date of Birth			
Place of Employment (Optional)					

Attach the following with your application:

- ☐ Valid bloodborne pathogens training certificate that is American Red Cross or equivalent, nationally-recognized certification
- ☐ Valid first aid training certificate that is American Red Cross or equivalent, nationally-recognized certification (CPR/AED training must include first aid.) CPR/AED only is **not** acceptable.
- ☐ Proof of age document showing you are at least 18 years old (copy of your driver's license or certified birth certificate)
- ☐ \$75.00 Permit application fee as a check or money order
- ☐ Documentation for any "Yes" answer(s) (If applicable)

Failure to include the required documents will result in processing delays.



The following questions must be answered or your application will be returned:

If you answer “Yes” to any of the affirmation questions, you must follow the directions under the question for any additional information or documentation that must be provided with the application.

Additional information and/or documentation may be requested.

Do you have a medical condition that in any way currently impairs or limits your ability to perform the duties of this profession? Medical Condition means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism. <i>If yes, provide a description of your condition and submit a letter from a physician stating how your condition will affect your ability to perform the duties of this profession.</i>	☐ Yes ☐ No
Have you within the past 5 years engaged in the illegal or improper use of drugs or other chemical substances? <i>If yes, attach a statement and a copy of relevant documentation including records from a physician or treatment program.</i>	☐ Yes ☐ No
Have you ever been convicted of a misdemeanor or felony crime? (You do not need to answer yes if your sole conviction or convictions are for minor traffic violations with fines under \$250). In answering this question, note that a conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. This means you must answer yes if a finding or verdict of guilt was returned against you in a criminal proceeding or if you plead guilty, entered a plea of nolo contendere, or entered an Alford plea in a criminal proceeding, even if the court expunged the matter or the court deferred judgment. You must submit the complaint and judgment of conviction for each offense. <i>If yes, attach the relevant court documents that include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.</i> Printouts from the “Iowa Courts Online” website are not acceptable documentation.	☐ Yes ☐ No
Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked or otherwise disciplined a professional license permit registration or certification issued to you? <i>If yes, attach the date, location, reason, and resolution.</i>	☐ Yes ☐ No
Have there ever been judgments or settlements paid on your behalf as a result of a professional liability case? <i>If yes, attach the date, location, reason, and resolution.</i>	☐ Yes ☐ No
Have you ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? <i>If yes, attach a description of the circumstances.</i>	☐ Yes ☐ No



The following question only applies if you are applying between October 1 and December 31. Please be aware that processing can take up to 14 days **after** the department receives the application.

Are you applying for the current year, next year, or both?
(If “both,” include a payment of \$150.00 for your application fee)

- ☐ Current year
☐ Next year
☐ Both

Your application will be returned if the department receives a \$150.00 application fee outside October 1 – December 31.

Privacy Act Notice: Disclosure of your Social Security Number on this registration application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning my application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that I am required to update answers or information submitted herewith if the response or the information changes.

In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I provided on or in conjunction with this application.

I understand that this information is a public record in accordance with Iowa Code Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read and agree to comply with the permit requirements, work practice standards, and all other provisions of Iowa Administrative Code 641 -- Chapter 22.

Applicant Signature _____

Date _____