

Pre-Licensure Criminal Background Check Petition

Pursuant to Act 990 of 2019, submit form to request the Department of Health to make a determination about whether your criminal background precludes you from licensure for Body Art, Permanent Cosmetics, or Massage Therapy.

Contact Information:

| | | | | | |
|-------------------------|---------------------------------|--------------------|---------------|--|-----------------|
| Last Name | First Name (no nickname) | Middle Name | | | |
| Date of Birth | Social Security Number | | | Body Art ____ Permanent Cosmetics ____ Massage Therapy ____ | |
| Telephone Number | Email Address (REQUIRED) | | | | |
| Address | Apt. # | City | County | State | Zip Code |

Criminal Record Information

| | | |
|-------------------------------------|---|----------------------------|
| Charge (ATTACH DISPOSITION): | Felony _____ Misdemeanor _____ | Date of Conviction: |
| Sentence: | Completion Date of Sentence: | |
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| Sentence: | Completion Date of Sentence: | |

Please use additional sheet for additional criminal records.

By signing this petition:

I swear or affirm that the statements contained herein (and included on any attached documentation) are true and correct and that I do not misrepresent any information contained therein.

I acknowledge that, in addition to this petition, I may be required to undergo a state and federal criminal background check at my own expense.

I acknowledge that any decision made in response to this petition is subject to change if there has been a change to the provided information during the formal application process.

I acknowledge that any decision made in response to this petition only applies to the criminal records aspect of the licensing process and does not guarantee licensure.

I acknowledge that any decision made in response to this petition is not subject to appeal.

Signature: _____ Date: _____