ARKANSAS DEPARTMENT OF HEALTH
BODY ART SECTION
4815 West Markham, Slot 8
Little Rock, AR 72205
(501) 682-2168

Duplicate License Request

INSTRUCTIONS: This form may be used to request a duplicate practitioner or establishment license. The form must be completed and returned to the Section's office, along with the required items listed below**.** Please make sure information is legible.

THIS FORM MUST BE SUBMITTED WITH:
$10 NON-REFUNDABLE FEE

If requested information is not applicable, please respond with N/A

Required items:
1. A completed Duplicate License Request Form (this form).
2. A legible copy of your driver's license.
3. Fee of $10.00- Non-Refundable

Applicant Information:

First Name	Middle Name	Last Name		
Address	Apt #	City	State	Zip Code
Phone Number	Email Address			
SSN	Date of Birth	License Number		

License Information: Which license(s) do you want duplicated? (Mark all that apply)

	Body Art – Tattoo & Piercing		Branding
	Tattoo		Scarification
	Piercing		Artist Instructor
	Permanent Cosmetics		Other:

Reason for duplication request: (Must select one)

	Original license was lost/destroyed
	Original license was never received
	Licensee is requesting a name change (Must provide documentation such as a driver's license, marriage license, divorce decree, or other applicable legal record.)

Name change request:

From: _____
First Name Middle Name Last Name

To: _____
First Name Middle Name Last Name

By signing this form, I affirm that all information provided is true and accurate to the best of my knowledge.

Signature	**Date**