

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

Arkansas Licensee Guest Artist Application

INSTRUCTIONS: This form shall be used to request a Body Art Temporary Demonstration License. The form must be completed and returned to the Section's office, **SEVEN (7)** days prior to the event.

NOTE: THERE WILL NOT BE ANY MONEY OR FORMS ACCEPTED AT THE EVENT. IF YOU HAVE NOT REGISTERED 7 DAYS BEFORE THE EVENT YOU WILL NOT BE ALLOWED TO PERFORM.

Please make sure information is legible.

Required items:

1. A completed Guest Artist Application (this form) Must be submitted to ADH.Bodyart@arkansas.gov or the application will not be processed, and the Artist will not be permitted to attend.
2. List of pigments to be used.
3. Current Blood Born Pathogen (BBP)
4. Scarification Artists, proof of current CPR and first aid certification (If applicable)
5. A legible copy of your driver's license.

Licensure information:

First Name	Last Name	License Number			
Address		Apt#	City	State	Zip Code
Phone Number		Email Address			
SSN (Required)	Date of Birth (Required)	Shop Name			

Date(s) of Event	Name and Location of Event for Guest Artist appearance
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Pigment(s) to be used:

By signing this form, I affirm that all information provided is true and accurate to the best of my knowledge. Further, I understand that false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

Signature	Date
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