

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

Out of State Guest Artist Temporary Demonstration License 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 Out of State Guest Artist Application (this form)
2. A check or money order in the amount of \$50.00
3. Copy of any current licenses held in other states.
4. Current Blood Born Pathogen (BBP)
5. List of pigments to be used.
6. Scarification Artists, proof of current CPR and first aid certification (If applicable)
7. A legible copy of your driver's license.

Licensure information:

First Name		Last Name			Shop (Sponsor) Name			
Address				Apt#	City		State	Zip Code
Phone Number				Email Address				
SSN (Required)	Date of Birth (Required)	License Number	State Issued	Is your License Current?				
Do you have any disciplinary actions against your license? If yes, please explain:								

Date(s) of Event	Name and Location of Event for 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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