

County: \_\_\_\_\_

# APPLICATION FOR CERTIFICATION/REGISTRATION TO:

- TATTOO ARTIST
- BODY PIERCER
- TATTOO ARTIST/BODY PIERCER
- LIMITED EAR PIERCER
- FOOD SERVICE MANAGER
- FOOD HANDLER
- INSTALL ONSITE SEWAGE SYSTEMS
- INSPECT ONSITE SEWAGE SYSTEMS
- OPERATE PUBLIC SWIMMING POOL

**Social Security #** \_\_\_\_\_

**Alternate Certificate and #** \_\_\_\_\_

\$ \_\_\_\_\_ Fee Required     Check     Money Order     Cash     Master Plumber

Return Check or Money Order To:     Installer     Inspector     Attendant

Type:     Provisional     Full Certification

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Est. # \_\_\_\_\_

*I hereby certify that all work performed by me will be in accordance with the requirements set forth by the Cabinet for Health and Family Services.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Name of Local Health Department

