

**ROCKLAND COUNTY HEALTH DEPARTMENT  
CENTER FOR ROCKLAND CODES INVESTIGATIONS**

**2026 APPLICATION FOR PERMIT TO PRACTICE BODY ART IN ROCKLAND COUNTY<sup>5</sup>**

PURSUANT TO THE RC SANITARY CODE, ARTICLE XVI, COMPLETE ALL ITEMS THAT APPLY TO YOU, SIGN ON THE BACK PAGE AND RETURN WITH A CHECK OR MONEY ORDER MADE PAYABLE TO THE COMMISSIONER OF FINANCE IN THE AMOUNT OF \$150.00 TO:

**ROCKLAND COUNTY HEALTH DEPARTMENT  
CENTER FOR ROCKLAND CODES INVESTIGATIONS  
ATTENTION: ERIC PECKINS  
50 SANATORIUM ROAD, BUILDING D  
POMONA, NEW YORK 10970**

**SECTION A: PRACTITIONER INFORMATION**

LEGAL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

RESIDENCE TELEPHONE: \_\_\_\_\_

MAILING ADDRESS [IF DIFFERENT THAN ABOVE]:  
\_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELLULAR TELEPHONE: \_\_\_\_\_

ALTERNATE CONTACT INFORMATION: \_\_\_\_\_

PERMIT FOR BODY ART PROCEDURE  TATTOO  PIERCE  
 OTHER \_\_\_\_\_

LIST ALL NAMES USED BY YOU IN THE INDUSTRY FORMERLY AND/OR CURRENTLY:

TRADE NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

AKA: \_\_\_\_\_

ALIAS: \_\_\_\_\_

ATTACH TWO 2" x 3" PASSPORT PHOTOS TAKEN WITHIN 30 DAYS OF FILING THIS APPLICATION.  
[ONE PHOTO WILL BE AFFIXED TO YOUR PRACTITIONER PERMIT, KEPT ON FILE AND AVAILABLE FOR INSPECTION AT THE ESTABLISHMENT. THE OTHER PHOTO WILL BE A PERMANENT RECORD IN THE HEALTH DEPARTMENT'S FILE]

2" x 3"  
PASSPORT  
PHOTOS  
ATTACH HERE

**SECTION B: EMPLOYMENT INFORMATION**

ESTABLISHMENT NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ESTABLISHMENT ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNER /OPERATOR: \_\_\_\_\_ DATE OF EMPLOYMENT: \_\_\_\_\_

## SECTION C: PRACTITIONER TRAINING

**\*LIST ALL TRAINING AND/OR CERTIFICATIONS SUCCESSFULLY COMPLETED IN NY OR ANY OTHER STATE**

TRAINING/CERTIFICATION	LOCATION(S)	DATE(S)
<b>BLOODBORNE PATHOGENS (OSHA)</b> INFECTIOUS DISEASE CONTROL, WASTE DISPOSAL, HAND-WASHING TECHNIQUES, STERILIZATION OF EQUIPMENT, STERILIZATION OF OPERATION, STERILIZATION METHODS <u>AND</u> SANITIZATION & DISINFECTION.		
<b>FIRST AID (ARC or equivalent; 3 year)</b>		
<b>CPR (ARC or equivalent; 1 or 2 year)</b>		
<b>ANATOMY</b> COURSE, EXAMINATION <u>OR</u> TRAINING AND EXPERIENCE.		
<b>SKIN DISEASES, DISORDERS &amp; CONDITIONS</b> COURSE, EXAMINATION <u>OR</u> TRAINING & EXPERIENCE		

\*SUBMIT APPROPRIATE DOCUMENTATION VERIFYING ABOVE WITH APPLICATION.

## SECTION D: SIGNATURE

I HEREBY ACKNOWLEDGE THAT I RECEIVED, READ AND UNDERSTAND THE REQUIREMENTS OF THE ROCKLAND COUNTY SANITARY CODE, ARTICLE XVI, BODY ART, INCLUDING THAT A PERMIT IS NOT TRANSFERABLE. FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER PENAL LAW. FAILURE TO SIGN THIS FORM MAY DELAY ISSUANCE OF YOUR PERMIT TO PRACTICE. PRACTICING WITHOUT A VALID PERMIT IS A VIOLATION OF THE ROCKLAND COUNTY SANITARY CODE.

SIGNATURE OF PRACTITIONER APPLICANT: \_\_\_\_\_

PRINT NAME OF PRACTITIONER APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

PERMIT ISSUANCE RECOMMENDED?  YES  NO

PERMIT EFFECTIVE DATE: \_\_\_\_\_ PERMIT EXPIRATION DATE: \_\_\_\_\_

CONDITIONS OF APPROVAL?  YES  NO



SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_