

Spencer County Health Department

Body Artist

Application for License

Date of Application _____

Name of Applicant _____

Date of Birth _____ Sex - M F

Residence Address – Street _____

City _____ State _____ Zip _____

Mailing Address of Applicant – Street _____

City _____ State _____ Zip _____

Home Phone No. _____

Places of Employment _____

Training and/or Experience _____

Record of Applicant's Training

	Blood borne Pathogen	CPR	Basic First Aid	Additional Training
Dates				
Location				

(Attach Proof)