



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Tattoo Convention Application for Registration

M.O. or Check #: _____ Amount: \$ _____
Date: _____

Registration #: _____
Date Mailed: _____

1. Name: _____
(Last) (First) (Middle/Maiden)

2. Home Address: _____
(Street)

(City) (State) (Zip Code) (County)

3. E-mail Address: _____

4. Home Telephone Number: (____) _____

5. Place of Employment: _____

6. Employment Address: _____
(Street)

(City) (State) (Zip Code) (County)

7. Social Security Number: _____

8. Date of Birth: _____

9. Convention Name: _____

10. Convention Location: _____

11. Convention Address: _____
(Street)

(City) (State) (Zip Code) (County)

12. Date(s) of Convention: _____

13. Contact Person: _____ 14. TA license number: _____
(over the convention)

15. Phone Number: (____) _____

I, the undersigned, do solemnly swear or affirm that I am the above applicant and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understood the Regulations Governing Registration of individuals performing tattooing and individuals performing body piercing and affirm that all conditions for registration have been met and will be maintained.

Signature of Applicant _____

Date _____

Complete this form, application fee (\$75.00 - out of state tattoo license; \$25.00 - active, MS tattoo registration, a copy of your driver's license, a current, valid blood-bourne pathogen certificate, and copy of your tattoo license. Please mail to the address provided in the Steps to Registration. **NOTE: Convention application is a separate fee from the booth fee. A late fee will apply if submitted less than thirty (30) days from before the convention start date and/or on-site at the convention.**