



UTAH COUNTY HEALTH DEPARTMENT

Joseph K. Miner, M.D., M.S.P.H.
Executive Director

Ralph L. Clegg, E.H.S., M.P.A.
Deputy Director

**BODY ART TECHNICIAN
REGISTRATION FORM**

Proof of completion of Blood Borne Pathogen course and
\$20 annual fee must accompany this application.

Name _____ Phone # _____

Address _____ City _____ ZIP _____

Place of Employment _____

Address of Employment _____

Date of Blood Borne Pathogen Course _____

I hereby register for Body Art Technician Certification to be issued in
accordance with the regulations adopted by:

Environmental Health
151 S. University Avenue Suite 2600
Provo, UT 84601
801 851-7525
801 851-7521 (Fax)

Signature of Applicant

Date

UCCH Permit No: _____

Payment Date: _____

Cash Check Credit/Debit

Received By: _____