



Body Art Apprentices Application

Environmental Health Division
 Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Site No. _____

Date Received _____

For Office Use Only

Incomplete Applications will not be approved

Must include proof of Blood Borne Pathogens Training and either proof of Hepatitis B Vaccination or submit a Refusal to Vaccinate Form

Name: _____ Date of Birth: _____
 First Middle Last MM/DD/YEAR

Home Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Best Daytime Phone: (____) _____ Secondary Phone: (____) _____

E-Mail Address: _____

Emergency Contact Person: _____ Phone: (____) _____

Apprenticeship Type: Tattoo or Cosmetic ONLY Piercing ONLY Tattoo or Cosmetic AND Piercing

APPRENTICESHIP SPONSOR INFORMATION

Artist Name:	Artist Phone Number: ()
Establishment Name:	Establishment Phone: ()
Establishment Address:	City/State/Zip:
Establishment E-Mail:	

APPRENTICESHIP AGREEMENT

This Apprenticeship Agreement is to establish the obligations of all parties participating in the Wichita Falls-Wichita County Public Health District Apprenticeship Program. By affixing signatures, the parties named below acknowledge that they have read and agree to the rules and regulations set forth by the Wichita Falls-Wichita County Public Health District.

_____	_____	_____
Apprentice Print Name	Apprentice Signature	Date
_____	_____	_____
Apprenticeship Sponsor Print Name	Apprenticeship Sponsor Signature	Date
_____	_____	_____
Establishment Owner Print Name	Establishment Owner Signature	Date

FEES

\$100 Apprenticeship Fee

TOTAL FEES DUE

\$100

I apply for an apprenticeship to conduct Body Art in a permitted Body Art Establishment and understand that after successfully completing the required apprenticeship training program, I must also successfully complete the appropriate licensing examination and meet other licensing eligibility requirements in order to obtain the official license for the apprenticeship I have applied for.

_____ Applicant Print Name _____ Applicant Signature _____ Date