



MISSISSIPPI STATE DEPARTMENT OF HEALTH

August 1, 2021

TO: *BP/TATTOO REGISTRANT*
BP/TATTOO REGISTRATION #

FROM: FELICIA WANG, SPO, IV
DIVISION OF PROFESSIONAL LICENSURE

RE: EXPIRATION OF BP AND/OR TATTOO REGISTRATION

ACCORDING TO OUR RECORDS YOUR BP AND/OR TATTOO REGISTRATION ABOVE REFERENCED, EXPIRED JULY 31, 2021, AND HAS NOT BEEN RENEWED. AS SUCH, IT IS A VIOLATION OF THE LAW TO PRACTICE BODY PIERCING AND/OR TATTOOING IN THE STATE OF MISSISSIPPI. A COPY OF THIS NOTICE IS BEING SENT TO YOUR LISTED EMPLOYER.

PLEASE BE ADVISED, IF YOU WISH TO RENEW YOUR REGISTRATION, IN ACCORD WITH THE *REGULATIONS GOVERNING THE REGISTRATION OF BODY PIERCING AND TATTOOING*, A REINSTATEMENT FEE OF **\$200.00** WILL BE ASSESSED IN ADDITION TO THE RENEWAL FEE.

IF YOU HAVE ANY QUESTIONS WITH RESPECT TO THE ABOVE, PLEASE CONTACT MY OFFICE AS FOLLOWS:

MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE - BP & TATTOO
P.O. BOX 1700
JACKSON, MS 39215-1700
(601) 364-7360

MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE - TATTOO
P.O. BOX 1700
JACKSON, MS 39215-1700
(601) 364-7360

August 1, 2021

Check here if you do not wish to renew.

THIS WILL BE YOUR ONLY NOTICE

**RENEWAL APPLICATION – 2021-2022
COMPLETE AND UPDATE ALL INFORMATION**

PERSONAL INFORMATION:

Name: _____ License #: _____ DOB: _____
Address: _____ County: _____ Phone: _____
Email address: _____

EMPLOYER INFORMATION:

Supervisor: _____ Registration #: _____
Name: _____
Address: _____ County: _____ Phone: _____

-
- | | | |
|--|-----|----|
| 1. Have you been convicted of any felony or any misdemeanor in any jurisdiction since your last renewal?
If yes, attach a full explanation. | YES | NO |
| 2. Have any criminal charges or any civil lawsuits been filed against you in any jurisdiction since your last renewal?
If yes, attach a full explanation. | YES | NO |
| 3. Has any license or permit or registration or professional credential been encumbered in any way in any jurisdiction since your last renewal? If yes, attach a full explanation. | YES | NO |
-

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand 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. Failure to disclose requested information could result in disciplinary action as outlined in the Regulations.

(Applicant's Signature)

(Date)

- HAVE YOU
1. REVIEWED THE ABOVE INFORMATION
 2. MADE ALL CORRECTIONS AND ANSWER ALL QUESTIONS
 3. SIGNED AND DATED THE RENEWAL APPLICATION
 4. ENCLOSED THE RENEWAL FEE OF \$150.00

NOTE: IF YOU HOLD A REGISTRATION FOR BOTH BODY PIERCING AND TATTOOING, SUBMIT BOTH RENEWALS AT THE SAME TIME AND A TOTAL OF \$250.00 RENEWAL APPLICATIONS POSTMARKED AFTER JULY 31, 2021, WILL BE SUBJECT TO THE RENEWAL FEE AND REINSTATEMENT FEE OF \$200.00.

MAIL TO: MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE - TATTOO
P.O. BOX 1700
JACKSON, MS 39215-1700

MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE - TATTOO
P.O. BOX 1700
JACKSON, MS 39215-1700
(601) 364-7360

August 1, 2021

Check here if you do not wish to renew.

THIS WILL BE YOUR ONLY NOTICE

RENEWAL APPLICATION – 2021-2022
CORRECT AND UPDATE ALL INFORMATION

PERSONAL INFORMATION:

Name: _____ License #: _____ DOB: _____
Address: _____ County: _____ Phone: _____
Email address: _____

EMPLOYER INFORMATION:

Supervisor: _____ Registration #: _____
Name: _____
Address: _____ County: _____ Phone: _____

Check here if you are upgrading to regular registration. (Attach letter from supervisor attesting to competency of profession)

-
- | | | |
|--|-----|----|
| 1. Have you been convicted of any felony or any misdemeanor in any jurisdiction since your last renewal?
If yes, attach a full explanation. | YES | NO |
| 2. Have any criminal charges or any civil lawsuits been filed against you in any jurisdiction since your last renewal?
If yes, attach a full explanation. | YES | NO |
| 3. Has any license or permit or registration or professional credential been encumbered in any way in any jurisdiction since your last renewal? If yes, attach a full explanation. | YES | NO |
-

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand 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. Failure to disclose requested information could result in disciplinary action as outlined in the Regulations.

(Applicant's Signature)

(Date)

HAVE YOU

1. REVIEWED THE ABOVE INFORMATION
2. MADE ALL CORRECTIONS AND ANSWER ALL QUESTIONS
3. SIGNED AND DATED THE RENEWAL APPLICATION
4. **COMPLETED SUPERVISION AGREEMENT, SIGNED AND DATED BY SUPERVISOR**
5. ENCLOSED THE RENEWAL FEE OF \$150.00

NOTE: IF YOU HOLD A REGISTRATION FOR BOTH BODY PIERCING AND TATTOOING, SUBMIT BOTH RENEWALS AT THE SAME TIME AND A TOTAL OF \$250.00 RENEWAL APPLICATIONS POSTMARKED AFTER JULY 31, 2021, WILL BE SUBJECT TO THE RENEWAL FEE AND REINSTATEMENT FEE OF \$200.00.

MAIL TO: MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE - TATTOO
P.O. BOX 1700
JACKSON, MS 39215-1700

Supervision Agreement:

(To be completed by the Supervising Body Piercing/Tattoo Artist)

Printed Name of Provisional Artist: _____

Printed Name of Supervisor: _____

Supervisor's Registration Number: _____

1. I hereby agree to be present in the premises at any time that the provisional registrant is performing a piercing / tattoo procedure.
2. I hereby agree to co-sign all consent forms for piercing / tattoo procedures performed by the provisional registrant.

I hereby certify and affirm, under penalty of perjury, that the information on this form is correct and I will provide supervision for this applicant at all times when practicing at the facility listed on the Provisional Registration. I understand and accept fully that I am responsible for the practice of the registrant once a provisional registration has been issued. I agree that I will contact the Professional Licensure Office, in writing, in the event this agreement is terminated.

Signature of Supervising Body Piercer/Tattoo Artist

Date