

ENVIRONMENTAL HEALTH OFFICES

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LETTER OF CONSENT FOR GUEST BODY ARTIST PERMIT (SPONSORSHIP LETTER)

GUEST BODY ARTIST INFORMATION			
Body Art Procedures to Perform (Check All Applicable):	☐ Tattooing	☐ Body Piercing	☐ Microblading
Guest Body Artist Name			
Guest Body Artist Residential Address			County
Residential City			Residential Zip
Phone () E-mail			
I hereby certify and affirm that the information on this form is correct. I understand that, as a guest body artist, I may practice only under the direct supervision of the below named supervisor in accordance with the supervision provisions as set forth in 511-3-8 .07(11). Any person who violates any provision of this Article or any rule or regulation promulgated under O.C.G.A. 31-40 by the Health Authority shall be guilty of a misdemeanor.			
Guest Body Artist Permit Applicant Signature			Date
SUPERVISOR/SPONSOR INFORMATION			
To be completed by the certified body artist			
Body Art Procedures Certified In (Check All Applicable):	☐ Tattooing	☐ Body Piercing	☐ Microblading
Certified Body Artist Name			
Body Artist Studio Address			Permit #
City	State		Zip
Phone () E-mail			
I hereby certify and affirm that the information on this form is correct, and I will provide supervision for this applicant at all times when practicing at the above listed facility. I understand and accept fully that I am responsible for the practice of the applicant once a guest body artist permit has been issued. Any person who violates any provision of this Article or any rule or regulation promulgated under O.C.G.A. 31-40 by the Health Authority shall be guilty of a misdemeanor.			
Sponsoring Artist Signature			Date