

ARKANSAS DEPARTMENT OF HEALTH
 BODY ART SECTION
 4815 WEST MARKHAM, SLOT #8
 LITTLE ROCK, AR 72205
 (501) 682-2168

Out of State Guest Artist Temporary Demonstration License

INSTRUCTIONS: This form shall be used to request a Body Art Temporary Demonstration License. The form must be completed and present at the Section's office, along with the required items listed below **SEVEN (7)** days prior to the event.

NOTE: THERE WILL NOT BE ANY MONEY OR FORMS ACCEPTED AT THE EVENT. IF YOUR FORM HAS NOT REACHED THE OFFICE 7 DAYS BEFORE THE EVENT YOU WILL NOT BE ALLOWED TO PERFORM.

Required items:

1. A completed Guest Artist – Temporary Demonstration License form (this form).
2. A check or money order for the \$50.00
3. Copy of any current licenses held from other states.
4. Proof of attendance – Blood Borne Pathogen Course (current calendar year)
5. List of pigments to be used – MUST BE on the accepted list provided by the AR Department of Health

A Guest Artist may be issued a temporary demonstration license to appear as guest artist no more than one (1) time every three (3) months.

Applicant Information:

Last Name		First Name		Shop(Sponsor) Name	
Address		Apt #	City		State
Phone Number		Email Address			
SSN (Required)	Date of Birth (Required)		License Number	State Issued	Is your License Current?
Do you have any disciplinary actions against your license? If yes, please explain:					

Date(s)	Name and Location of Licensed Establishment for Guest Artist appearance
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Pigment(s) to be used:

By signing this application, I certify that the information provided above is true and accurate. Further, by signing, I agree to follow the Arkansas Department of Health Rules pertaining to Body Art. Not following the Law or the Rules could be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

Printed Name	Signature	Date
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