

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

Arkansas Licensee Guest Artist Application

INSTRUCTIONS: This form shall be used to request a Body Art Temporary Demonstration License. The form must be completed and returned to the Section’s office, **SEVEN (7) days prior** to the event.

NOTE: THERE WILL NOT BE ANY MONEY OR FORMS ACCEPTED AT THE EVENT. IF YOU HAVE NOT REGISTERED 7 DAYS BEFORE THE EVENT YOU WILL NOT BE ALLOWED TO PERFORM.

Required items:

1. A completed Guest Artist Application (this form) must be submitted to ADH.Bodyart@arkansas.gov or **the application will not be processed, and the Artist will not be permitted to attend.**
2. List of pigments to be used – MUST BE on the accepted list provided by the AR Department of Health

For proof of registration an Arkansas Licensee Guest Artist is required to display their Arkansas issued license at the event.

Applicant Information:

Last Name		First Name		License Number	
Address	Apt #	City		State	Zip Code
Phone Number		Email Address			
SSN	Date of Birth		Shop Name		

Date(s) of Event	Name and Location of Event 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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