



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH

APPLICATION FOR CERTIFICATION OR REGISTRATION TO:

- TATTOO ARTIST
- BODY PIERCER
- TATTOO ARTIST/BODY PIERCER
- LIMITED EAR PIERCER
- FOOD SERVICE MANAGER
- FOOD HANDLER
- INSTALL ONSITE SEWAGE SYSTEMS
- OPERATE PUBLIC SWIMMING POOL

Driver's License or State Issued ID # _____ Alternate Certificate and # _____

\$ _____ Fee Required Check Money Order Cash Master Plumber

Return Check or Money Order To: Installer Inspector Attendant

Type: Provisional/Probationary Full Advanced Master Certification

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Email _____

Employer's Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Est. # _____

I hereby certify that all work performed by me will be in accordance with the requirements set forth by the Cabinet for Health and Family Services.

Signature of Applicant

Authorized Representative

Date

Name of Local Health Department