



WASHINGTON STATE DEPARTMENT OF  
LICENSING

## Body Art, Body Piercing, Tattoo Artist, Permanent Cosmetics License, Renewal, or Reinstatement Application

Apply for a new license, renew or reinstate your existing license, or request a printed license as a body artist, body piercer, tattoo artist, and/or permanent cosmetics artist.

Online: <https://professions.dol.wa.gov>

Or mail this completed form with a check or money order (payable to Department of Licensing) and all required attachments to:

**Tattoo, Body Art, Body Piercing Program**  
**Department of Licensing**  
**PO Box 3856**  
**Seattle WA 98124-3856**

For questions or language help call: (360) 664-6660



### Application type

- ☐ New license or reinstatement (for licenses expired for more than one year)  
☐ Renewal

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

- ☐ \$0 self-print license online.  
☐ \$5 each. DOL print and mail license. Quantity \_\_\_\_\_ Total \$ \_\_\_\_\_

### New license, renewal, or reinstatement (check all that apply)

- ☐ Body art (branding/scarification) – **\$275** (\$385 for late renewal)  
☐ Body piercing – **\$275** (\$385 for late renewal)  
☐ Tattoo artist – **\$275** (\$385 for late renewal)  
☐ Permanent cosmetics – **\$275** (\$385 for late renewal)

### Applicant information

TYPE or PRINT Name as you would like it to appear on your license		Date of birth (mm/dd/yyyy)	
Full legal name (First, Middle, Last)			
Mailing address			
City		State	ZIP code
Email		(Area code) Phone number	
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner			
Social Security number* (New/Reinstatement applicants only)		Current or previous license number (Required if renewing/reinstating)	
Bloodborne pathogens (New/Reinstatement applicants only) Bloodborne pathogens certificate expiration date: _____ <b>Attach a copy of your certificate.</b>			

\*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

## Legal background

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? ..... ☐ Yes ☐ No
2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) ..... ☐ Yes ☐ No

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
TYPE or PRINT Name

**X**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date and place