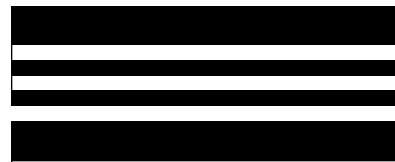




WASHINGTON STATE DEPARTMENT OF  
**LICENSING**

**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