

APPLICATION FOR CERTIFICATION/REGISTRATION TO:

TATTOO ARTIST

FOOD HANDLER

BODY PIERCER

INSTALL ONSITE SEWAGE SYSTEMS

TATTOO ARTIST/BODY PIERCER

INSPECT ONSITE SEWAGE SYSTEMS

LIMITED EAR PIERCER

OPERATE PUBLIC SWIMMING POOL

FOOD SERVICE MANAGER

Social Security # _____ Alternate Certificate and # _____

\$ _____ Fee Required Check Money Order Cash Master Plumber

Return Check or Money Order To:

Installer Inspector Attendant

Type: Provisional Full Certification

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____

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. _____ Date

Authorized Representative

Signature of Applicant



Name of Local Health Department