

# BODY ART TECHNICIAN REGISTRATION FORM

Proof of completion of Blood Borne Pathogen course and  
\$20 *annual* fee must accompany this application.  
(Blood Borne Pathogen course at [www.abovetraining.com](http://www.abovetraining.com) only)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address of Employment \_\_\_\_\_

Date of Blood Borne Pathogen Course \_\_\_\_\_

I hereby register for Body Art Technician Certification to be issued in  
accordance with the regulations adopted by:

Utah County Health Department  
151 S University Ave, Suite 2600  
Provo, Utah 84601  
(801) 851-7525

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Payment Received By: \_\_\_\_\_

Payment Date: \_\_\_\_\_

Cash  Check  Credit/Debit

\_\_\_\_\_