



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Tattoo Convention Application for Registration

For Office Use Only

M.O. or Check#:	_____
Amount: \$	_____
Date:	_____
Registration#:	_____
Date Mailed:	_____

1. Name: \_\_\_\_\_  
*(Last) (First) (Middle/Maiden)*

2. Home Address: \_\_\_\_\_  
*(Street)*  
\_\_\_\_\_  
*(City) (State) (Zip Code) (County)*

3. E-mail Address: \_\_\_\_\_

4. Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

5. Place of Employment: \_\_\_\_\_

6. Employment Address: \_\_\_\_\_  
*(Street)*  
\_\_\_\_\_  
*(City) (State) (Zip Code) (County)*

7. Social Security Number: \_\_\_\_\_

8. Date of Birth: \_\_\_\_\_

9. Convention Name: \_\_\_\_\_

10. Convention Location: \_\_\_\_\_

11. Convention Address: \_\_\_\_\_  
*(Street)*  
\_\_\_\_\_  
*(City) (State) (Zip Code) (County)*

12. Date(s) of Convention: \_\_\_\_\_

13. Contact Person: \_\_\_\_\_ TA license number: \_\_\_\_\_  
*(over the convention)*

15. Phone Number: (\_\_\_\_\_) \_\_\_\_\_

I, the undersigned, do solemnly swear or affirm that I am the above applicant and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing the Registration of Individuals Performing Tattooing and Individuals Performing Body Piercing and affirm that all conditions for registration have been met and will be maintained.

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

\_\_\_\_\_  
Date

**Complete this form, application fee (\$100.00 - out-of-state tattoo license; \$50.00 - active, MS tattoo registration, a copy of your driver's license, a current, valid blood-borne pathogen certificate, and a copy of your tattoo license. Please mail to the address provided in the Steps to Registration. A late fee will apply if submitted less than thirty (30) days before the convention start date and/or on-site at the convention. NOTE: The convention application fee is a separate fee from the booth fee.**