

Name of Applicant

Do you follow your provincial Ministry's of Health applicable infection protection and control best practices guidelines?		Yes		No
If you operate in British Columbia, do you follow BC Government Guidelines for Tattooing?		Yes		No
Do you maintain up do date health inspection certification with the provincial Ministry of Health?		Yes		No
Are customers under 18 years of age required to be accompanied by a consenting adult?		Yes		No
Do you refuse service to customers that appear to be under the influence of alcohol or narcotics?		Yes		No
Are customers required to agree to the design prior to the beginning of service?		Yes		No
Are patients supplied with comprehensive information on treatment procedures and possible risks and side effects?		Yes		No
Is every new customer required to sign a consent form stating that they understand and accept the potential risks?		Yes		No
How long do you keep your patient's information/documentation on file?	LL Yeai	I rs	L]	

Print Name and Title

Signature of Applicant or Authorized Reprsentative

DATE:	DD	M	Μ	Y	Y	
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