Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: http://dsps.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INFORMATION FOR COMPLETING TATTOOIST/BODY PIERCER APPLICATION

Per Wis. Admin. Code § SPS 221.04, all tattooing and body piercing activities must occur in a licensed establishment. In addition, all tattooists and body piercers must also hold a practitioner's license.

What Counts as Tattooing and Body Piercing?

- Tattoo - Means to insert pigment under the surface of the skin of a person, by pricking with a needle or otherwise, so as to produce an indelible mark or figure through the skin.
- Body Piercing - Means perforating any human body part or tissue, except an ear, and to place a foreign object in the perforation to prevent the perforation from closing.
- Ear Piercing - Ear piercing is exempt from the licensing requirements. All parts of the ear are included in this exemption.

Variance Request:

If you are requesting a variance, please contact the Department of Safety and Professional Services at (608) 266-2112 or visit: www.dsps.wi.gov to speak to a representative.

License Application Process:

1. **Submit completed application (Form #3173)** and applicable fee(s).

Committed to Equal Opportunity in Employment and Licensing

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TATTOOIST/BODY PIERCER APPLICATION FORM

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK

☐ Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name	**First Name**	**MI**	**Former / Maiden Name(s)**

Address (street, city, state, zip)

Daytime Telephone Number
___ - ___ - ____

Mailing Address (if different)

Date of Birth
__ / __ / ____

Social Security #
___ - __ - ____

Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Ethnicity/gender status information is optional.

Ethnicity: ☐ White, not of Hispanic origin ☐ American Indian or Alaskan ☐ Hispanic
☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander ☐ Other

Sex: ☐ M ☐ F

Email Address

Establishment Name

Establishment Address (street, city, state, zip)

Establishment Phone Number
___ - ___ - ____

Establishment Email Address

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)

☐ **Tattooist Initial Credential**
$60.00 Total Fee Attached

☐ **Body Piercer Initial Credential**
$60.00 Total Fee Attached

☐ **Tattooist and Body Piercer Initial Credential**
$120.00 Total Fee Attached

For Receipting Use Only (403) or (404)

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Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- ☐ Application (**Form #3173**) and appropriate fee
- ☐ Inspection completed by DSPS

ARE YOU A VETERAN? If yes, please view the Department website at http://dsps.wi.gov for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number: _____

If you qualify, are you requesting equivalency of your Military Training and experience? ☐ Yes ☐ No
If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? ☐ Yes ☐ No
If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVETS.com **for assistance in obtaining your DVA Voucher Code and/or documents related to your training.**

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at http://www.uscis.gov.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

Pursuant to Wis. Stat. §§ 463.10 and 463.12, which both contain exceptions for licensed dental and medical professionals, tattooists and body-piercers may only practice in an establishment licensed by the Department or its Agent for tattooing, body-piercing or combined tattooing and body-piercing.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: _____ Date: __ __ / __ __ / __ __ __ __

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