



DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
FOOD & DRUG UNIT



FD-56 OFFICIAL REGISTRATION APPLICATION
COMMERCIAL BODY ART FACILITY
OPERATOR (Artist) AND/OR MANAGER (Rev. 1/07)

Return this completed application and required check or money order to DHH/OPH, Food and Drug Unit, CEHS/Bin #10, P.O. Box 4489, Baton Rouge, LA 70821-4489.

I am applying as a(n) Operator (\$100) Manager (\$200) Both (\$300)

Operator/Manager's Full Name _____

Operator/Manager's Mailing Address _____

City _____ State _____ Zip _____

Operator/Manager's Home Address _____

City _____ State _____ Zip _____

Telephone Number _____ Email address _____

I am affiliated with the following facility: _____

Facility Physical Address _____

City _____ State _____ Zip _____

Facility Phone _____ Facility Fax _____

Name of Owner _____

TRAINING Training provided by American Red Cross American Safety & Health Institute Other

Name of alternate training provider _____

Date of CPR Training _____ Date of First Aid Training _____

Date of Bloodborne Pathogens/Disease Transmission Training _____

Attach to this application a copy of any certificate, diploma, letter, or other proof of attendance of operator training courses from providers approved by the department.

Application is hereby made for registration as a manager of or as an operator within a commercial body art facility as required by LSA R.S. 40: 2832 (D), (E), (F), and § 109 of Part XXVIII of Title 51, L.A.C. The applicant hereby agrees to comply with all applicable provisions of Part XXVIII and all other applicable laws and regulations. Manager/operator registrations expire on December 31 and must be renewed annually. Attach requisite registration fee (check or money order payable to DHH).

Applicant signature _____ **Date of application** _____

FOR OFFICE USE ONLY

Reviewed by	Registration No.	Remittance #	Remittance Date
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