



APPLICATION TO AMEND OR REPLACE A TATTOO INDUSTRY MASTER LICENCE

under the *Tattoo Industry Act 2012*

OFFICE USE ONLY												
Application No:	-											
Trim No:												

NOTE

1. This form must be completed by the Master licensee.
2. The Master licensee must notify the Security Licensing & Enforcement Directorate (SLED) of any changes to licence particulars within 14 business days of the change. This includes changes to the licensed premises' address and close associates (including each tattooist or other employee or contractor that commences or ceases working at the licensed premises).
3. If adding close associates (including tattooists, other employees or contractors) or notifying changes to tattooists, or other employees or contractors working at the licensed premises, your application must be accompanied by the required personal and employment details and a separate Close Associate Consent Form (Form P1243) completed by each new close associate (excluding current NSW Tattooist licensees).
4. Documentation accompanying your application that displays your name must show your name written and spelt in exactly the same way (unless you provide acceptable documentary evidence of a change of name).
5. If you hold multiple Master licences, changes to each licence must be made on separate Application to Amend or Replace a Tattoo Industry Master Licence (Form P1247) forms.
6. Applications and attachments must be posted to SLED or submitted via another agreed method. For more information, contact SLED on 1300 362 001 (9:00 am to 4:00 pm Monday to Friday excluding public holidays) or via sled@police.nsw.gov.au

Please use a BLACK or BLUE PEN. Print clearly within the boxes in CAPITAL LETTERS.

1 CURRENT MASTER LICENCE DETAILS

1.1 Provide your Master licence number and expiry date.

LICENCE NO.

EXPIRY DATE (dd/mm/yyyy) / /

1.2 Provide your full name as currently recorded on your Master licence.

GIVEN NAME(S)

LAST NAME

2 REASON FOR APPLICATION

2.1 What is the reason for this application? Please tick one or more of the following reasons.

Change of name	<input type="checkbox"/> Go to Section 3
Change of contact details	<input type="checkbox"/> Go to Section 4
Change of licensed premises address	<input type="checkbox"/> Go to Section 5
Change of business / trading name	<input type="checkbox"/> Go to Section 6
Change to ownership or operation of the business	<input type="checkbox"/> Go to Section 7
Change of name of close associate (including tattooists and other employees)	<input type="checkbox"/> Go to Section 8
Add close associates (including tattooists and other employees)	<input type="checkbox"/> Go to Section 9
Remove close associates (including tattooists and other employees)	<input type="checkbox"/> Go to Section 10
Replace lost, stolen, damaged or destroyed Master licence card / certificate	<input type="checkbox"/> Go to Section 11

3 CHANGE OF NAME

3.1 Provide the name by which you are now known.

(You must provide original certified copies of acceptable change of name documents - See section 13)

GIVEN NAME(S)

LAST NAME

4 CHANGE OF CONTACT DETAILS

4.1 Provide your new contact details.

EMAIL ADDRESS

MOBILE / TELEPHONE NUMBER

4.2 Provide your new residential and / or mailing address.

RESIDENTIAL ADDRESS

SUBURB / TOWN

STATE

POSTCODE

MAILING ADDRESS (IF SAME AS RESIDENTIAL ADDRESS WRITE 'AS ABOVE')

SUBURB / TOWN

STATE

POSTCODE

5 CHANGE OF LICENSED PREMISES ADDRESS

5.1 Provide the new address at which the body art tattooing business is to be conducted

Note: You must have development consent under the *Environmental Planning and Assessment Act 1979* to use the premises for body art tattooing purposes. Please contact your local council.

BUILDING NAME (IF ANY)

NUMBER / STREET

SUBURB / TOWN

STATE

POSTCODE

5.2 Are you the owner of the premises?

- NO The owner or lessee of the premise may need to be notified as a close associate of the Master licence (see section Question 8)
- YES

5.3 Is there a prohibition order in force under Part 3 of the *Public Health Act 2010* in connection with the carrying out of skin penetration procedures in respect of the proposed licensed premises?

- NO
- YES Provide a copy of the prohibition order with your application.

5 CHANGE OF LICENSED PREMISES ADDRESS (continued)

5.4 Is there a closure order in force under section 28 or section 29 of the *Tattoo Industry Act 2012* in respect of the licensed premises?

- NO
- YES

6 CHANGE OF BUSINESS / TRADING NAME

- 6.1 Provide the new business / trading name of the body art tattooing business to be carried on at the licensed premises. The business / trading name must be currently registered with ASIC.

BUSINESS / TRADING NAME

ABN / ARBN

7 CHANGE TO OWNERSHIP OR OPERATION OF THE BUSINESS

You must notify details of any changes to the ownership or operation of the body art tattooing business subject to the Master licence. If changing the corporation, partnership or trust on whose behalf you are carrying on the body art tattooing business, the application must be accompanied by:

- a P1244 Nomination of Premises Manager form; and
- separate P1243 Close Associate Consent forms completed by each new close associate; and
- copies of three acceptable identification documents for each new close associate.

Note: If you are no longer the Premises Manager, the licence will be cancelled and a new Master licence will be required to carry on a body art tattooing business at the premises.

Details of each new close associate (including new directors, partners and individuals) must be recorded in section 9.

Note: Master licences cannot be transferred to other individuals. If the Premises Manager has changed, the licence will be cancelled and a new Master licence is required.

- 7.1 Will you be carrying on the body art tattooing business: (Tick the appropriate box)

- On behalf of a new corporation? Go to Section 7.2
- On behalf of a new trust? Go to Section 7.3
- On behalf of a new partnership? Go to Section 7.4
- On behalf of an individual? Go to Section 7.5

- 7.2 Complete this section if the body art tattooing business is now owned or operated by or on behalf of a new corporation.

CORPORATION NAME

TRADING NAME

ACN or ABN OF THE CORPORATION

BUSINESS ADDRESS

EMAIL ADDRESS TELEPHONE NUMBER

WEB ADDRESS (IF ANY)

- 7.3 Complete this section if the body art tattooing business is now owned or operated by or on behalf of a new trust.

TRUST NAME

ABN OF THE TRUST

BUSINESS ADDRESS

EMAIL ADDRESS

TELEPHONE NUMBER

WEB ADDRESS (IF ANY)

- 7.4 Complete this section if the body art tattooing business is now owned or operated by or on behalf of a new partnership.

TRADING NAME OF PARTNERSHIP (if any)

7 CHANGE TO OWNERSHIP OR OPERATION OF THE BUSINESS (continued)

NATURE OF ASSOCIATION

[Empty text box for Nature of Association]

Provide details of each partner below. If there are more than two partners, provide details of each other partner in a separate sheet.

PARTNER 1

LAST NAME

[Empty text box for Partner 1 Last Name]

GENDER

MALE

GIVEN NAME(S)

[Empty text box for Partner 1 Given Name(s)]

FEMALE

NON-BINARY

DATE OF BIRTH

[Empty date input box for Partner 1]

COUNTRY OF BIRTH

[Empty text box for Partner 1 Country of Birth]

DIFFERENT TERM

PREFER NOT TO ANSWER

If they were born in Australia, provide the State / Territory and Suburb / Town.

STATE / TERRITORY

[Empty text box for Partner 1 State/Territory]

SUBURB / TOWN

[Empty text box for Partner 1 Suburb/Town]

TELEPHONE NO (BUSINESS HOURS)

[Empty telephone input box for Partner 1]

MOBILE

[Empty mobile input box for Partner 1]

EMAIL ADDRESS

[Empty email input box for Partner 1]

DRIVER LICENCE NUMBER / PHOTO CARD NUMBER

[Empty text box for Partner 1 Driver Licence/Photo Card Number]

STATE OF ISSUE OF DRIVER LICENCE / PHOTO CARD

[Empty text box for Partner 1 State of Issue]

Is this person known by, or have they ever been known by, any other name(s) (e.g. maiden name)?

NO

YES (Provide details below, including when they stopped using the name)

LAST NAME

[Empty text box for Partner 1 Other Name Last Name]

GIVEN NAME(S)

[Empty text box for Partner 1 Other Name Given Name(s)]

DATE CEASED

[Empty date input box for Partner 1 Other Name]

[Empty text box for Partner 1 Other Name Last Name]

[Empty text box for Partner 1 Other Name Given Name(s)]

[Empty date input box for Partner 1 Other Name]

RESIDENTIAL ADDRESS

[Empty text box for Partner 1 Residential Address]

SUBURB / TOWN

[Empty text box for Partner 1 Suburb/Town]

STATE

[Empty text box for Partner 1 State]

POSTCODE

[Empty text box for Partner 1 Postcode]

PARTNER 2

LAST NAME

[Empty text box for Partner 2 Last Name]

GENDER

MALE

GIVEN NAME(S)

[Empty text box for Partner 2 Given Name(s)]

FEMALE

NON-BINARY

DATE OF BIRTH

[Empty date input box for Partner 2]

COUNTRY OF BIRTH

[Empty text box for Partner 2 Country of Birth]

DIFFERENT TERM

PREFER NOT TO ANSWER

If they were born in Australia, provide the State / Territory and Suburb / Town.

STATE / TERRITORY

[Empty text box for Partner 2 State/Territory]

SUBURB / TOWN

[Empty text box for Partner 2 Suburb/Town]

TELEPHONE NO (BUSINESS HOURS)

[Empty telephone input box for Partner 2]

MOBILE

[Empty mobile input box for Partner 2]

EMAIL ADDRESS

[Empty email input box for Partner 2]

DRIVER LICENCE NUMBER / PHOTO CARD NUMBER

[Empty text box for Partner 2 Driver Licence/Photo Card Number]

STATE OF ISSUE OF DRIVER LICENCE / PHOTO CARD

[Empty text box for Partner 2 State of Issue]

Is this person known by, or have they ever been known by, any other name(s) (e.g. maiden name)?

NO

YES (Provide details below, including when they stopped using the name)

LAST NAME

[Empty text box for Partner 2 Other Name Last Name]

GIVEN NAME(S)

[Empty text box for Partner 2 Other Name Given Name(s)]

DATE CEASED

[Empty date input box for Partner 2 Other Name]

[Empty text box for Partner 2 Other Name Last Name]

[Empty text box for Partner 2 Other Name Given Name(s)]

[Empty date input box for Partner 2 Other Name]

RESIDENTIAL ADDRESS

[Empty text box for Partner 2 Residential Address]

SUBURB / TOWN

[Empty text box for Partner 2 Suburb/Town]

STATE

[Empty text box for Partner 2 State]

POSTCODE

[Empty text box for Partner 2 Postcode]

7 CHANGE TO OWNERSHIP OR OPERATION OF THE BUSINESS (continued)

7.5 Complete this section if the body art tattooing business is now owned or operated by or on behalf of a new individual.

LAST NAME <input style="width: 95%; height: 20px;" type="text"/> GIVEN NAME(S) <input style="width: 95%; height: 20px;" type="text"/> DATE OF BIRTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> COUNTRY OF BIRTH <input style="width: 95%; height: 20px;" type="text"/>	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY <input type="checkbox"/> DIFFERENT TERM <input type="checkbox"/> PREFER NOT TO ANSWER
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If they were born in Australia, provide the State / Territory and Suburb / Town.

STATE / TERRITORY	SUBURB / TOWN
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

TELEPHONE NO (BUSINESS HOURS)	MOBILE	EMAIL ADDRESS
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

DRIVER LICENCE NUMBER / PHOTO CARD NUMBER	STATE OF ISSUE OF DRIVER LICENCE / PHOTO CARD
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Is this person known by, or have they ever been known by, any other name(s) (e.g. maiden name)?
 NO YES Provide details below, including when they stopped using the name

LAST NAME	GIVEN NAME(S)	DATE CEASED
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

RESIDENTIAL ADDRESS

SUBURB / TOWN	STATE	POSTCODE
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

8 CHANGE OF NAME OF CURRENT CLOSE ASSOCIATE

8.1 Provide the full last name and any given name(s) by which the current close associate is NOW known and provide an original certified copy of acceptable evidence of the name change.

LAST NAME	GIVEN NAME(S)
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

DATE OF BIRTH	POSITION (DIRECTOR, MANAGER, etc.)
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

9 ADD CLOSE ASSOCIATES (including tattooists and other employees or contractors)

9.1 What type of close associate are you adding? (Tick the appropriate box)

General close associate	<input type="checkbox"/>	Go to Section 9.2
Tattooist	<input type="checkbox"/>	Go to Section 9.3
Other employee / contractor	<input type="checkbox"/>	Go to Section 9.4

9.2 Provide the personal and employment details of each new general close associate. You must provide:

- Full name (last name and given names)
- Date of birth
- Residential address
- Mailing address (if not the same as residential address)

You may provide the details using Attachment 1 – Notification of Close Associate Personal and Employment Details (including tattooists and other employees or contractors) or in a similar format.

You must include a separate Close Associate Consent Form (Form P1243) completed by each new general close associate and three (3) forms of acceptable identification for each new close associate.

9 ADD CLOSE ASSOCIATES (including tattooists and other employees or contractors) cont.

9.3 Provide the personal and employment details of each new tattooist. You must provide:

- Full name (last name and given names)
- Date of birth
- NSW tattooist licence or visiting tattooist permit number
- Residential Address
- Mailing address (if not the same as residential address)
- Date started work at licensed premises

You may provide the details using Attachment 1 – Notification of Close Associate Personal and Employment Details (including tattooists and other employees or contractors) or in a similar format.

9.4 Provide the personal and employment details of other new employees or contractors. You must provide:

- Full name (last name and given names)
- Date of birth
- Position / role / type of employee or contractor
- Residential address
- Mailing address (if not the same as residential address)
- Date started work at licensed premises

You may provide the details using Attachment 1 – Notification of Close Associate Personal and Employment Details (including tattooists and other employees or contractors) or in a similar format.

You must include a separate Close Associate Consent Form (Form P1243) completed by each new employee or contractor and three (3) forms of acceptable identification for each new close associate.

10 REMOVE CLOSE ASSOCIATES (including tattooists and other employees or contractors)

10.1 What type of close associate are you removing? (Tick the appropriate box)

- General close associate Go to Section 10.2
 Tattooist Go to Section 10.3
 Other employee / contractor Go to Section 10.4

10.2 Provide the personal and employment details of each general close associate to be removed. You must provide:

- Full name (last name and given names)
- Date of birth

You may provide the details using Attachment 1 – Notification of Close Associate Personal and Employment Details (including tattooists and other employees or contractors) or in a similar format.

10.3 Provide the personal and employment details of each tattooist to be removed. You must provide:

- Full name (last name and given names)
- Date of birth
- NSW tattooist licence or visiting tattooist permit number
- Date started work at licensed premises
- Date work ceased at licensed premises

You may provide the details using Attachment 1 – Notification of Close Associate Personal and Employment Details (including tattooists and other employees or contractors) or in a similar format.

10.4 Provide the personal and employment details of other employees or contractors to be removed. You must provide:

- Full name (last name and given names)
- Date of birth
- Position / role / type of employee or contractor
- Date started work at licensed premises
- Date work ceased at licensed premises

You may provide the details using Attachment 1 – Notification of Personal and Employment Details – Close Associates (including tattooists and other employees or contractors) or provide in a similar format.

11 REPLACE LOST, STOLEN OR DAMAGED MASTER LICENCE or LICENSING INFORMATION CERTIFICATE

11.1 I want to replace my lost, stolen, damaged, destroyed or defaced:

- Master Licence Card (\$65 fee payable). Go to Question 11.2
- Licensing Information Certificate (No fee payable)

11.2 Full payment must accompany your application. Payment MUST be made by Credit Card. DO NOT SEND CASH.

Provide your Credit Card details. ONLY MasterCard and Visa are acceptable.

MasterCard VISA

Credit Card Number

Expiry Date

/

Amount \$

Cardholder's Name (BLOCK LETTERS)

Cardholder's Signature

12 DECLARATION AND CONSENT

12.1 You must complete and sign the Declaration and Consent. There are severe penalties for providing information that is false and / or misleading.

I, (Print full name)

- certify that the information contained in this application, and any attachments, is true and correct in every detail;
- understand that giving false or misleading information is a serious offence;
- understand that I must destroy my damaged or defaced Master licence card or Master Licence Certificate upon receipt of my new card or certificate (if applicable);
- have made all reasonable inquiries to ascertain the accuracy of close associate information provided in this application and in any attachment;
- consent to the disclosure by the relevant authority of information needed to verify any details I have given in this application;
- have attached all documents where requested by this application; and
- have supplied Credit Card details for the correct fee.

SIGNATURE

DATE (dd/mm/yyyy)

/ /

13 APPLICATION CHECKLIST

Please tick that you have:

- Completed all relevant sections;
- Provided, if applicable, acceptable change of name documents. Acceptable change of name documents must show a clear link between all your names and are limited to the following:
 - Marriage certificate(s) issued by the NSW Registry of Births, Deaths & Marriages or, if you were married elsewhere, a certified copy of the marriage certificate issued by the celebrant or church
 - Change of Name certificate issued by the NSW Registry of Births, Deaths & Marriages
 - Full birth certificate showing your name at birth and your new name (extracts and commemorative certificates are NOT acceptable)
 - Divorce decree
 - Deed poll registered with the relevant authority
 - Instrument evidencing change of name registered in the Land Titles Office;
- Provided the personal and employment details of each new close associate, including each new tattooist or other employee or contractor that has started working at the licensed premises (if applicable);
- Provided the personal and employment details of each close associate, including each new tattooist or other employee or contractor that has ceased working at the licensed premises or is being otherwise removed (if applicable);
- Provided a separate Close Associate Consent Form (Form P1243) each new close associate (except holders of a current NSW Tattooist licence) and three forms of acceptable identification documents for each individual (except holders of a current NSW Tattooist licence);
- Provided a Nomination of Premises Manager form (Form P1244), if applicable;
- Signed the Declaration and Consent;
- Attached all relevant supporting documentation and other requested documents; and
- Provided the correct payment (if applicable).

Mail the completed application form (including all attachments) to:

Security Licensing & Enforcement Directorate
 NSW Police Force
 Locked Bag 5099
 PARRAMATTA NSW 2124

Or

Contact SLED on 1300 362 001.

IMPORTANT:

YOUR APPLICATION WILL BE DELAYED IF IT IS NOT FULLY COMPLETED AND / OR YOU HAVE NOT PROVIDED THE REQUIRED DOCUMENTATION AND FEE PAYMENT.

Attachment 1

Notification of Close Associate - Personal and Employment Details (including tattooists and other employees / contractors)

GIVEN NAME(S)		LAST NAME	
DATE OF BIRTH <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		PLACE OF BIRTH	
RESIDENTIAL ADDRESS		MAILING ADDRESS (IF DIFFERENT)	
ROLE AND TATTOO INDUSTRY LICENCE / PERMIT NUMBER (IF HELD)		START DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FINISH DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

GIVEN NAME(S)		LAST NAME	
DATE OF BIRTH <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		PLACE OF BIRTH	
RESIDENTIAL ADDRESS		MAILING ADDRESS (IF DIFFERENT)	
ROLE AND TATTOO INDUSTRY LICENCE / PERMIT NUMBER (IF HELD)		START DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FINISH DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

GIVEN NAME(S)		LAST NAME	
DATE OF BIRTH <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		PLACE OF BIRTH	
RESIDENTIAL ADDRESS		MAILING ADDRESS (IF DIFFERENT)	
ROLE AND TATTOO INDUSTRY LICENCE / PERMIT NUMBER (IF HELD)		START DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FINISH DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

GIVEN NAME(S)		LAST NAME	
DATE OF BIRTH <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		PLACE OF BIRTH	
RESIDENTIAL ADDRESS		MAILING ADDRESS (IF DIFFERENT)	
ROLE AND TATTOO INDUSTRY LICENCE / PERMIT NUMBER (IF HELD)		START DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FINISH DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

GIVEN NAME(S)		LAST NAME	
DATE OF BIRTH <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		PLACE OF BIRTH	
RESIDENTIAL ADDRESS		MAILING ADDRESS (IF DIFFERENT)	
ROLE AND TATTOO INDUSTRY LICENCE / PERMIT NUMBER (IF HELD)		START DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FINISH DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

GIVEN NAME(S)		LAST NAME	
DATE OF BIRTH <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		PLACE OF BIRTH	
RESIDENTIAL ADDRESS		MAILING ADDRESS (IF DIFFERENT)	
ROLE AND TATTOO INDUSTRY LICENCE / PERMIT NUMBER (IF HELD)		START DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FINISH DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

GIVEN NAME(S)		LAST NAME	
DATE OF BIRTH <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		PLACE OF BIRTH	
RESIDENTIAL ADDRESS		MAILING ADDRESS (IF DIFFERENT)	
ROLE AND TATTOO INDUSTRY LICENCE / PERMIT NUMBER (IF HELD)		START DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FINISH DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>