INSTRUCTIONS TO APPLY FOR A NEW TATTOO ARTIST PERMIT

Use the following link to access the online licensing system:

https://dphregprograms.iowa.gov/PublicPortal/Iowa/IDPH/common/index.jsp

For assistance with finding a username or resetting a password, contact the OICO Help Desk: 515-281-5703 or 1-800-532-1174.

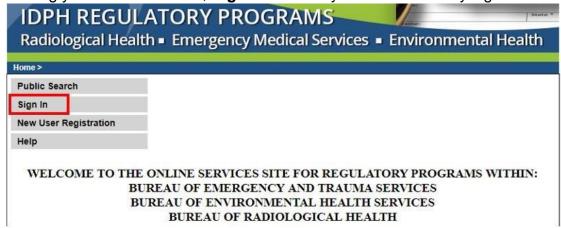
These instructions assume you have already created an A&A account & set up your Profile Page. If you have not created an account, go back to the IDPH Regulatory Programs Page and follow the "How to create an account" instructions.

NOTE: You must use either Google Chrome or Internet Explorer when applying online.

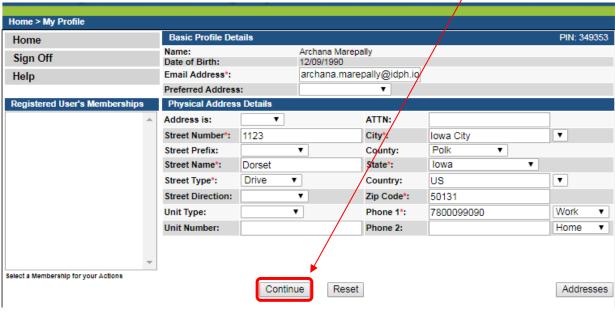
If you need assistance navigating the licensing portal after reviewing these instructions, contact the AMANDA Support Team: 1-855-824-4357.

STEP 1: SIGN IN

After creating you're A&A account, Sign In on the if you are not already signed in.

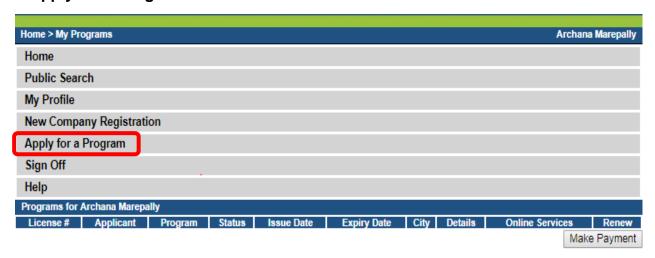


After signing in, you will be taken to the My Profile page. Click Continue.



STEP 2: APPLY FOR A PROGRAM

You will be taken to your **My Programs** page. To apply for a Tattoo Artist license, click on **Apply for a Program**.



On the next screen select your **Program** as "Tattoo Artist" and select your **Program Detail** as "Artist" then click **Continue**.



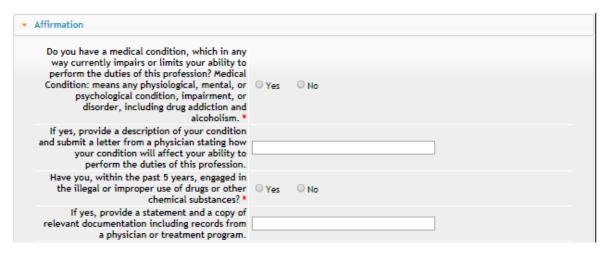
STEP 3: APPLICATION FORM

Click the **Expand All** to view all information. Questions with a red asterisk * or highlighted in pink are mandatory.



STEP 4: AFFIRMATION

All questions in this section are required. If you answer <u>Yes</u> to any of these questions, provide a brief description of all relevant activities into the text box provided below. You may need to provide additional details in an attachment if necessary. (See Step 6 for instructions on how to attach additional documentation.)



STEP 5: ARTIST DETAILS

All questions in this section are required. Select Yes or No to the questions provided.



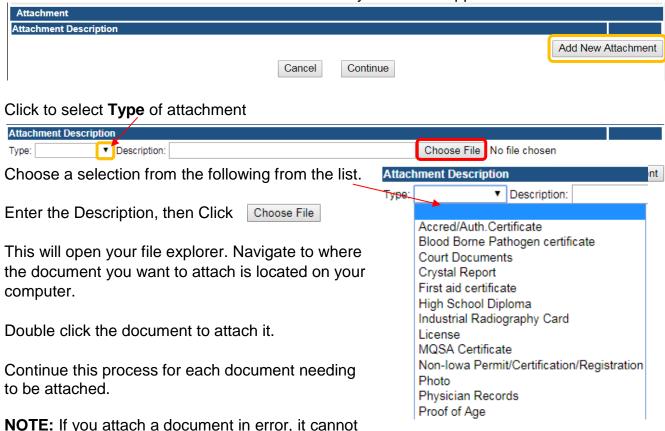
STEP 6: ADD ATTACHMENTS & CONTINUE

As a new applicant, you will need to attach:

- A copy of your High School Diploma or GED.
- Blood borne Pathogen Certificate
- First Aid Certificate
- Government Issued Document for proof of age.
 (i.e. State Issued I.D. or Driver's License.)

You must attach all supporting information before paying the fee or your application could be delayed or denied.

Click the **Add New Attachment** button at the very end of the application form.

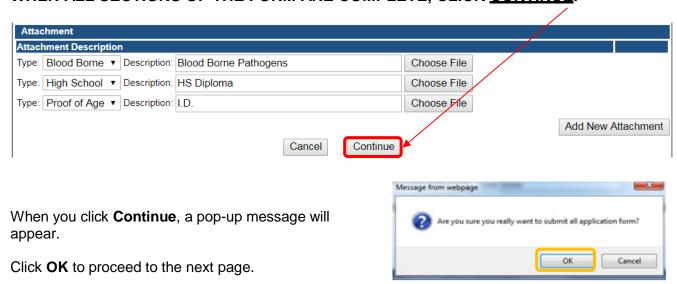


be removed by you. You will need to contact the IDPH Program staff to have it removed.

If you need to gather information, or add additional documentation, you can leave the application webpage and return later to complete or continue.

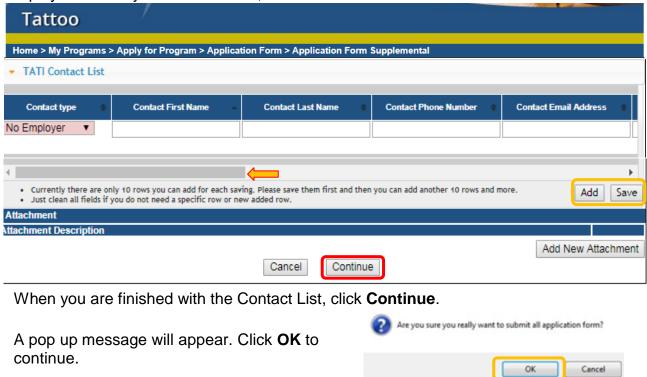
DO NOT CLICK CANCEL – this will void your entire application.

WHEN ALL SECTIONS OF THE FORM ARE COMPLETE, CLICK CONTINUE.



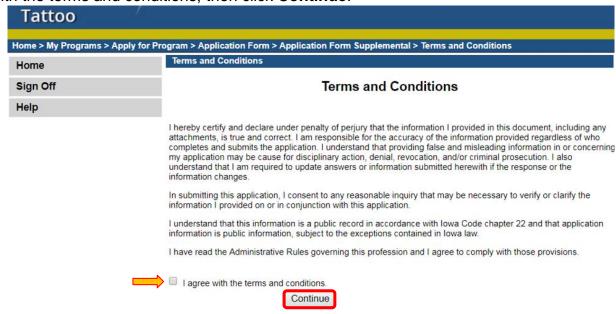
STEP 7: APPLICATION FORM SUPPLEMENTAL

On the supplemental form you will need to add a contact (employer) to the Contact List tab. Click on **TATI – Contact List** to open the tab. Click **Add** and enter your employer information. (Use the scroll bar to see additional fields.) *Note: If you select Employer"* you must complete all the fields (i.e. First Name, Last Name, Phone, Email, Business Name, Street Address, City, State, Zip). If you do not have an employer, select "No Employer". When you have finished, click **Save**.



STEP 8: TERMS & CONDITIONS

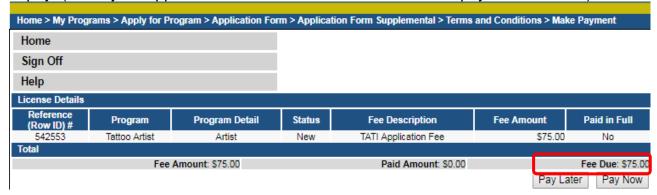
Please read the terms and conditions. If you agree, click the box next to the "I agree with the terms and conditions, then click **Continue**.



STEP 9: MAKE A PAYMENT

Select **Pay Now** if you are ready to pay. Click **Pay Now** again on the proceeding screen. You will then be directed to the online payment system.

If you are not ready to make a payment, or need to attach additional documents, click the **Pay Later** button to be returned to your programs page. Click <u>Details</u> to view your application and add additional attachments. Click **Make a Payment** when you are ready to pay. (**Note**: your application is not considered submitted until payment is made.)



On the **Make a** Payment page, choose your **Payment Method** and fill out your payment details. Click **Continue** when you have entered your payment information. Click **Confirm** on the **Review Payment** page if the payment details are correct.

Make a Payment Review Payment Payment Details State of Iowa TEST site Amount Due \$75.00 Payment Amount \$75.00 Payment Information Payment Date 09/27/2017 Frequency One Time Payment Amount \$75.00 Payment Method Payment Date Pay Now Payer Name IDPH Test Card Number Contact Information Expiration Date Aug-2018 Card Type Visa First Name IDPH Confirmation Email email.email@mail.com Last Name Test Billing Address Company (Optional) Address 1 321 E 12th Street Address 1 321 E 12th Street City/Town Des Moines Address 2 (Optional) State/Province/Region IA Zip/Postal Code 50319 City/Town Des Moines Country United States State/Province/Region IA Contact Information Zip/Postal Code 50319 First Name IDPH Country US Last Name Test Phone Number 8558244357 Address 1 321 E 12th Street Email Address emal.email@mail.com City/Town Des Moines State/Province/Region IA Become a Registered User Zip/Postal Code 50319 Country United States Payment Method Phone Number 8558244357 Payment Method Select Email Address emal.email@mail.com Continue Cancel

Write down your Confirmation **Number** or **print this page** for your records. Click **Continue** at the bottom of the screen to be taken to your receipt.

Confirmation

Please keep a record of your Confirmation Number, or <u>print this page</u> for your records,

Confirmation Number IOWTST004926730