



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Tattoo, Permanent Makeup Artist, and/or Body Piercing Change of Location Form

Date: _____

I, _____, am requesting to change my registration from:

(Name of Location) (Address)

(City, State, Zip)

To:

(Name of Location) (Address)

(City, State, Zip)

(Owner) (Phone Number)

Signature: _____

Registration#: TA	
Registration#: PMA	
Registration #: BP	
Change of location fee to established location:	\$25.00 per registration
Change of location to requiring inspection:	\$100.00 first registration
	\$25.00 for each additional registration