



State of Florida  
 Department of Health  
 Body Piercing Waste Facility Application  
 Authority: Chapter 381, Florida Statute

_____ Identification #
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Name of Facility: \_\_\_\_\_

Location: \_\_\_\_\_  
Street City Zip Code

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
Street City, State Zip Code

Owner's Contact ( ) \_\_\_\_\_ Business Contact ( ) \_\_\_\_\_

Email \_\_\_\_\_

**BODY PIERCING WASTE FACILITY DETAILS**

*# of injuries reported* \_\_\_\_\_

*# of trained piercers* \_\_\_\_\_

*# of piercing areas* \_\_\_\_\_

*Autoclave: Brand* \_\_\_\_\_ *Model Number* \_\_\_\_\_

*Spore Testing* *yes* \_\_\_\_\_ *no* \_\_\_\_\_

*# of Piercing stations* \_\_\_\_\_

*# of sinks* \_\_\_\_\_

<i>Payment received</i>
\$
Date: _____
CC/Check/Cash _____
Rec. no. _____