

Tattoo Hygiene Rating Scheme

REQUEST FOR A RE-RATING

You may request a re-rating **after 3 months** of your rating being issued.

FULL NAME OF APPLICANT:
ADDRESS:
TEL NO:
NAME OF BUSINESS:
ADDRESS OF PREMISES TO BE RE-RATED
PLEASE GIVE DETAILS OF MEASURES TAKEN TO JUSTIFY RE-RATING (eg. joined a trade/ professional body, implemented Hep b vaccinations, introduced ID verification, undertaken infection training.)

SIGNED: _____ **DATE:** _____
 (On behalf of all operators within the premise)

Please return completed forms to Please return completed forms to Stockport MBC,
 Environmental Health & Trading Standards Fred Perry House Edward Street Stockport
 SK1 3XE or e-mail health.safety@stockport.gov.uk