



APPLICATION FORM FOR A RE-RATING

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

NAME OF BUSINESS TO BE RE-RATED	
ADDRESS OF THE PREMISES TO BE RE-RATED	
CONTACT NAME	
TEL No. / MOBILE No.	
PLEASE GIVE DETAILS OF MEASURES TAKEN TO JUSTIFY THE RE-RATING (eg. Joined a trade / professional body, implemented Hep B vaccinations, introduced ID verification, undertaken infection training) <i>Please use additional sheets if required.</i>	

Please return the completed form to the address at the bottom of the application.

SIGNED: _____ **DATE:** _____

(On behalf of all tattooists within the premises)

Environmental Health Team,
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