



# 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 Trafford Council, Public Protection Service, Town Hall Talbot Road, Stretford, Manchester M32 0TH or email a copy of the signed form to [environmental.health@trafford.gov.uk](mailto:environmental.health@trafford.gov.uk)