



ARTIST CERTIFICATION APPLICATION

Please read Artist Certification Instructions **BEFORE** submitting your materials for review.

Name _____ Telephone No.: _____

Current Address: _____ Apt./Fl. _____ Zip _____

Email: _____ Website: _____

Professional Name (if different from above) _____

Description of your Art Discipline _____

Number of years practiced _____

Number of bedrooms desired: _____

Describe how the apartment will be used, including types of materials, tools, consultations, etc:

Will you be using any hazardous materials or processes or producing above-average noise levels? If so, please describe methods for mitigation.

Employment History

Employer/Field: _____

Number of hours per week: _____

Applicant's Signature:

Date: