



DEPARTMENT OF PUBLIC HEALTH

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Director
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BODY ART PRACTITIONER ANNUAL REGISTRATION

CHECK ONE: [ ] New Registration [ ] Renewal

I. PROCEDURES TO BE PERFORMED: (PLEASE CHECK ALL THAT APPLY.)

[ ] Tattooing [ ] Body Piercing [ ] Permanent Cosmetics [ ] Branding

II. APPLICANT INFORMATION

Name: AKA/Nickname if applicable:
Mailing Address: City: State: Zip:
Phone Number: Email Address:
Date of Birth: Male: [ ] Female: [ ]
Driver's License/ID Type (Attach a copy.): Identification Number:
Bloodborne Pathogen Training: Attach a copy of the certification.
Date Completed: Training Provided By:
Hepatitis B Vaccination Status: Select your vaccination status and attach documentation.
[ ] Certificate of Completed Vaccination [ ] Contraindicated for Medical Reasons
[ ] Laboratory Evidence Of Immunity [ ] Vaccination Declination

III. PRACTITIONER WORK LOCATION(S)

1. Permitted Body Art Facility Name:
Address: City: State: Zip:
Owner/Manager: Phone Number:
2. Permitted Body Art Facility Name:
Address: City: State: Zip:
Owner/Manager: Phone Number:

I am certifying that I have read, have knowledge of, and commit to complying with the applicable State laws regulating Body Art (Safe Body Art Act, California Health and Safety Code, Chapter 7 of Part 15 of Division 104, commencing with Section 119300).

I declare that to the best of my knowledge the information I have provided in this document is true and accurate. I agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety Code, and all applicable County and City ordinances. I also agree to notify this office within 30 days of any changes in the above information. The permit shall be posted in a conspicuous place within the permitted body art facility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

PE: Invoice #: Approved By: Date: FA #:

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