



**Division of Environmental Health**

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 envhealth@co.humboldt.ca.us

**APPLICATION FOR BODY ART PRACTITIONER REGISTRATION**  
 TO PERFORM TATTOOING, BODY PIERCING, BRANDING, AND PERMANENT COSMETICS

**SERVICES TO BE PROVIDED**

Tattooing     Permanent Cosmetics     Body Piercing     Branding

**PRACTITIONER INFORMATION**

THE ANNUAL RENEWAL REMINDER WILL BE SENT TO THE APPLICANT MAILING ADDRESS THAT IS DESIGNATED BELOW

<b>Applicant Name:</b> (Last, First, Middle Initial)	
<b>Mailing Address:</b> Street	City & Zip
<b>E-mail Address:</b>	<b>Applicant Phone:</b>
<b>Date of Birth</b> (Submit Copy of Proof of Age):	
<b>Identification Type:</b> <input type="checkbox"/> Driver's License <input type="checkbox"/> Other: _____	<b>Identification #:</b> _____

**Blood-borne Pathogen Training:** (Submit certificate for 2 hour training per California Health and Safety Code Section 119307)

Training Provided by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Hepatitis B Vaccination Status:** (Choose one and submit documentation)

- Certification of Completed Vaccination                       Contraindicated for Medical Reasons  
 Laboratory Evidence of Immunity                                       Vaccination Declination

**BODY ART FACILITY INFORMATION**

THE ANNUAL REGISTRATION WILL BE SENT TO THE FACILITY SITE ADDRESS THAT IS DESIGNATED BELOW

<b>Body Art Facility Site Name:</b>	
<b>Site Address:</b> Street	City & Zip
<b>Owner / Contact:</b>	<b>Phone Number:</b>
<b>List all names of the facilities you practice at:</b>	

Please note that submittal of this application does not constitute the issuance of a Body Art Practitioner Registration Certificate.

I hereby certify that all statements made in this application are true and correct. I agree to operate in accordance with all applicable state and local regulations regarding the California Health and Safety Code Sections 119300 through 119328.

<b>Applicant Signature:</b>	<b>Date:</b>
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**\* FOR OFFICE USE ONLY \***

<b>Permit Fee (PE 3501):</b> <input type="checkbox"/> Cash \$ <input type="checkbox"/> Check #: _____	<b>Receipt number:</b>	<b>OA initials and date entered:</b>
<b>Online Payment Conf. #:</b>	<b>Date of Payment:</b>	<b>Registration mailed:</b>

<b>Application #:</b>	<b>Registration #:</b>
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**District:**  Arcata     Eureka (North)     Eureka (South)     Mid-County     North     South

<b>Approving REHS/EHS Signature:</b>	<b>Signature Date:</b>
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<b>Senior REHS Signature:</b>	<b>Signature Date:</b>
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