



**Division of Environmental Health**

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**Body Art Practitioner Registration Renewal Form**

Use this form to verify or update current contact information on file for your permit. You may also use this form to update your place of practice. If you do not want to renew your body art practitioner registration, please indicate so on this form or contact our office.

**Current Information**

**Make Updates Below**

<b>Practitioner Name:</b>	
<b>Mailing Address:</b>	<b>New Mailing Address:</b>
<b>Primary Phone Number:</b>	<b>New Primary Phone Number:</b>
<b>Body Art Facility Name:</b>	<b>New Body Art Facility Name:</b>
<b>Facility Address:</b>	<b>New Facility Address:</b>
<b>Owner/Contact Name:</b>	<b>New Owner/Contact Name:</b>
<b>Owner/Contact Phone Number:</b>	<b>New Owner/Contact Phone Number:</b>

List all names of facilities where you practice.

**Blood-borne Pathogen Training:** (Submit Certificate).

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

I choose not to renew my registration.

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.

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

*FOR OFFICE USE ONLY*			
Amount Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Electronic: _____ <input type="checkbox"/> Check: _____ \$	<b>Receipt Number:</b> _____	<b>District:</b> <input type="checkbox"/> Arcata <input type="checkbox"/> Mid-County <input type="checkbox"/> South <input type="checkbox"/> North <input type="checkbox"/> Eureka (South) <input type="checkbox"/> Eureka North	
	<b>Record Number:</b> _____		
	<b>FA Number:</b> _____		
<b>Approving REHS/EHS Signature:</b> _____		<b>Signature Date:</b> _____	