



BODY ART FACILITY PERMIT APPLICATION AND PRACTITIONER REGISTRATION FORM

I. PROCEDURES TO BE PERFORMED: Check all that apply (see back for definitions)

- Tattooing Body Piercing
 Branding Permanent Cosmetics

II. REQUIRED REGISTRATION OR PERMIT FEES: Check all that apply.

- Annual Body Art Practitioner Registration Annual Body Art Facility Permit

III. APPLICANT INFORMATION:

NAME: _____
 MAILING ADDRESS: _____ Email: _____
 City: _____ State: _____ Zip: _____ Phone: _____

BODY ART PRACTITIONER	
Proof of Age: Submit Copy	
Date of Birth: _____	
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Other:	Identification #: _____
Facility where Body Art Services Will be Provided	
Facility Name: _____	Owner: _____
Address: _____	
Bloodborne Pathogen Training: Submit Certificate	
Date Completed: _____	Training Provided by: _____
Hepatitis B Vaccination Status: Choose One and Submit Documentation	
<input type="checkbox"/> Certification of Completed Vaccination	<input type="checkbox"/> Contraindicated for Medical Reasons
<input type="checkbox"/> Laboratory Evidence of Immunity	<input type="checkbox"/> Vaccination Declination

IV. FACILITY LOCATION:

BUSINESS NAME: _____
PERMIT ISSUED TO: _____
 Location address: _____ Suite: _____
 City: _____ State: _____ Zip: _____ County: _____
 Owner/Contact: _____ Phone: _____ Fax: _____

WATER SUPPLY: Individual Public – Supplier: _____

The undersigned hereby applies for a Body Art Facility Permit and/or Practitioner Registration and agrees to operate in accordance with all applicable state and local requirements governing safe body art practices.

I hereby certify that to the best of my knowledge and belief the statements made herein are true and correct.

Signature: _____ Date: _____
 Print Name: _____ Title: _____

FOR OFFICE USE ONLY	
<input type="checkbox"/> Hepatitis <input type="checkbox"/> Bloodborne Pathogen <input type="checkbox"/> Proof of Age <input type="checkbox"/> Photo	Anniversary Date: _____
PE # _____ Fees Paid \$ _____ <input type="checkbox"/> Cash / OPay / Check # _____	
Receipt # _____ Invoice #: _____ Facility ID: _____	
Approved by (REHS): _____	Date Approved: _____

I. PROCEDURES TO BE PERFORMED (§ 119301)

TATTOOING— means the insertion of pigment in human skin by piercing with a needle.

BODY PIERCING— means the creation of an opening in a human body for the purpose of inserting jewelry or other decoration. "Body piercing" includes, but is not limited to, the piercing of an ear, including the tragus, lip, tongue, nose, or eyebrow. "Body piercing", does not include the piercing of an ear, except for the tragus, with a disposable, single-use, presterilized clasp and stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear.

PERMANENT COSMETICS— means the application of pigments in human skin tissue for the purpose of permanently changing the color or appearance of the skin. This includes, but is not limited to, permanent eyeliner, eyebrow, or lip color.

BRANDING- means the process in which a mark or marks are burned into human skin tissue with a hot iron or other instrument, with the intention of leaving a permanent scar.

II. REQUIRED REGISTRATION OR PERMITS (§ 119306, § 119312)

APPLICATION FILING FEE — Annual fee required for all body art applicants.

ANNUAL BODY ART PRACTITIONER REGISTRATION — Required for all individuals providing body art services.

ANNUAL BODY ART FACILITY PERMIT — Required for businesses where tattoo, body piercing, branding, and/or permanent cosmetic services are performed.

III. APPLICANT INFORMATION (§ 119306, § 119312)

All applicants must provide:

Full name

Mailing address

Contact information

All body art practitioners must submit documentation on:

Hepatitis B vaccination status

Proof of Bloodborne pathogen training

Proof of age

Registrants must also identify the facility where they plan to provide body art services.

IV. FACILITY LOCATION (§ 119306, § 119312)

All applicants must provide the business name, location address, and contact information in which body art procedures are to be performed. If a business has multiple locations, each site must be permitted.

RETURN REGISTRATION APPLICATION TO: Humboldt

County Division of Environmental Health
100 H Street, Suite 100
Eureka, CA 95501