



Division of Environmental Health

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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 FEES AND REGISTRATION WILL BE SENT TO THE APPLICANT MAILING ADDRESS THAT IS DESIGNATED BELOW

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

Blood-borne Pathogen Training: (Submit certificate)

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

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

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.

Applicant Signature:	Date:
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If paid by Credit Card: Date and amount paid _____ Confirmation #: _____

Permit fee (PE 3501) <input type="checkbox"/> Cash \$ <input type="checkbox"/> Check #: _____	Receipt number:	OA Initials and date entered:
Invoice number:	FA #:	Anniversary/Billing Date:

Approving REHS/EHS Signature:	Signature Date:
Senior REHS Signature:	Signature Date: