



**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**

<input type="checkbox"/> Tattooing	<input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Branding
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**PRACTITIONER INFORMATION**

THE ANNUAL FEES AND REGISTRATION 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>Phone Number:</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>
<b>Blood-borne Pathogen Training</b> (Submit Certificate):	
<b>Date Completed:</b>	<b>Training Provided by:</b>
<b>Hepatitis B Vaccination Status</b> (Choose One and Submit Documentation):	
<input type="checkbox"/> Certification of Completed Vaccination <input type="checkbox"/> Laboratory Evidence of Immunity <input type="checkbox"/> Contraindicated for Medical Reasons <input type="checkbox"/> Vaccination Declination	

**BODY ART FACILITY INFORMATION**

<b>Body Art 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 19300 through 119328.

<b>Applicant Signature:</b>	<b>Date:</b>
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If paid by Credit Card: Date and amount paid

Confirmation #:

* FOR OFFICE USE ONLY *		O.P confirmed by:
<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>Invoice number:</b>	<b>FA #:</b>	<b>Anniversary/Billing Date:</b>
<b>Approving REHS/EHS Signature:</b>		<b>Signature Date:</b>
<b>Senior REHS Signature:</b>		<b>Signature Date:</b>