



**BODY ART PRACTITIONER REGISTRATION APPLICATION**

Type of Service (Please check the appropriate box):

Tattoo

Body Piercing

Permanent Cosmetics

Branding

**SECTION 1: GENERAL PRACTITIONER INFORMATION**

Full Legal Name: \_\_\_\_\_ Alias Name (if applicable): \_\_\_\_\_

Date of Birth (must be 18 or older): \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**SECTION 2: PRACTITIONER REGISTRATION STATUS**

Are you registered as a practitioner in San Mateo County?  Yes  No

If yes, provide your PR (Registration) #: \_\_\_\_\_

**SECTION 3: WORK LOCATION**

California Health and Safety (H&S) Code Section 119306 (c)(5): The establishment/shop location within the County where you are planning to engage in tattooing, body piercing, or permanent cosmetics.

Facility Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SECTION 4: SELF CERTIFICATION H&S CODE SECTION 119306 (c)(4)**

By typing or signing my name to this application: I hereby certify that all statements made in the application and information in the attached documentation is true and correct. I authorize investigation of all matters contained in this application. I understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of practicing body art procedures with the County boundary.

I agree to operate in accordance with all applicable State and local regulations regarding body art.

I have acquired the knowledge, experience, and training to perform body art procedures H&S Code Section 119306 (c) (4).

I agree to maintain a current certification in Bloodborne Pathogen Exposure Control Training (BBP) H&S Code Section 119307.

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

**OFFICIAL USE ONLY**

Application Package Compliant with H&S Code Section 119306

Application Package **NOT** Compliant with H&S Code Section 119306

NOTES:

EHS Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_