

## Application for Registration of Body Art Practitioner

<b>Purpose of Application</b>		
<input type="checkbox"/> First year registration	<input type="checkbox"/> Annual renewal	<input type="checkbox"/> Update information

**Practitioner & Site of Operation Information** (print legibly)

<b>Practitioner Information</b>	Full name of practitioner:			Date of birth
	Personal ID/CA driver's Lic.#	Contact phone number	Additional contact phone number	
	Email address			
	Residential address	City	State	Zip Code
	Mailing/billing address	City	State	Zip Code
<b>Site of Operation</b>	Name of business			
	Type of business			
	Business physical address	City	State	Zip Code
	Business phone number	FAX number		
	Owner/manager name	Contact number		

<b>Body Art Procedures to be Performed</b>			
<input type="checkbox"/> Tattooing	<input type="checkbox"/> Body piercing	<input type="checkbox"/> Other (describe) _____	
<input type="checkbox"/> Permanent cosmetics	<input type="checkbox"/> Branding		

<b>Body Art Operation Period (Days &amp; Hours)</b>	
<input type="checkbox"/> Ongoing operation	<input type="checkbox"/> Seasonal operation (give range of dates)
<input type="checkbox"/> Other (describe) _____	

<b>Check days and hours providing body art services:</b>							
Days	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Hours							

<b>Registration Requirements</b>	
<b>Hepatitis B</b>	
<input type="checkbox"/> I have provided documentation demonstrating the completion of Hepatitis B vaccination including applicable boosters	
<input type="checkbox"/> I have provided laboratory evidence of immunity to Hepatitis B	
<input type="checkbox"/> I have provided documentation complying with current federal OSHA hepatitis B vaccination declination requirements	
<b>OSHA Bloodborne Pathogen Training</b>	
<input type="checkbox"/> I have provided documentation of completion of OSHA Bloodborne Pathogen Training	
<b>18 or Older</b>	
<input type="checkbox"/> I have provided a copy of a valid California state Identification card.	

**Certification & Agreement**

I hereby certify under penalty of perjury that the information supplied on this application is true and correct.

- I understand that the registration issued subsequent to this application shall become void and the fee forfeited upon falsification of any portion of this application.
- I am aware that, should a registration be granted, I will be responsible to know and observe all requirements that are currently enforced or may hereafter be put in force pertaining to the above named operation.
- I recognize that if my operation fails to meet applicable sanitation laws, regulations, and/or ordinances Imperial County Environmental Health may suspend or revoke registration and require closure of the operation.
- I understand that the issuance of registration certification by Imperial County Environmental Health does not imply any allowance to operate without meeting the requirements of any other department or agency having jurisdiction.
- I hereby consent to all inspections pertaining to the issuance of the registration and the operation described in this application.
- I understand that Imperial County Environmental Health must be notified of all proposed changes in operation at least 30 days prior to making the changes or starting the work.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

Printed name \_\_\_\_\_

**Office Use Only**

Facility ID# \_\_\_\_\_

Program # \_\_\_\_\_

Approved Date \_\_\_\_\_

Approved by \_\_\_\_\_

Comments

Imperial County Public Health Department, Division of Environmental Health  
 797 Main Street, Suite B, El Centro CA 92243  
 Phone: (442) 265-1888 Fax: (442) 265-1903  
[www.icphd.org](http://www.icphd.org)

**Office Use Only**

Facility ID# \_\_\_\_\_ Payment Amt. \_\_\_\_\_ Penalty Amt. \_\_\_\_\_ Date \_\_\_\_\_

Payment Type  Cash  Check # \_\_\_\_\_  Credit Card # \_\_\_\_\_ Rcvd. By \_\_\_\_\_