

Application for Registration of Body Art Practitioner

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

Practitioner & Site of Operation Information (print legibly)

Practitioner Information	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
Site of Operation	Name of business			
	Type of business			
	Business physical address	City	State	Zip Code
	Business phone number	FAX number		
	Owner/manager name	Contact number		

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

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

Check days and hours providing body art services:							
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							

Registration Requirements	
Hepatitis 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	
OSHA Bloodborne Pathogen Training	
<input type="checkbox"/> I have provided documentation of completion of OSHA Bloodborne Pathogen Training	
18 or Older	
<input type="checkbox"/> I have provided proof that I am 18 year of age or older.	

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, Environmental Health Division
 1221 W. State St., Suite B, El Centro CA 92243
 Phone: (442) 265-1888 Fax: (442) 265-1903
www.icphd.org

Office Use Only

Facility ID# _____ Payment Amt. _____ Penalty Amt. _____ Date _____

Payment Type Cash Check # _____ Credit Card # _____ Rcvd. By _____