

TULARE COUNTY ENVIRONMENTAL HEALTH SERVICES

BODY ART PRACTITIONER REGISTRATION APPLICATION

1. REQUIRED PERMIT (If you are both a practitioner and facility owner you are required to apply for both a practitioner registration and a facility health permit)

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|---|
| <input type="checkbox"/> Body Art Practitioner Annual Health Permit and Annual Registration |
|---|

2. TYPES OF SERVICES PROVIDED (Check all that apply)

| | | | |
|------------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> Tattooing | <input type="checkbox"/> Body Piercing | <input type="checkbox"/> Permanent Cosmetics | <input type="checkbox"/> Branding |
|------------------------------------|--|--|-----------------------------------|

3. BODY ART PRACTITIONER INFORMATION

| | | | |
|-----------------|-------|-------------------------|-----|
| NAME | PHONE | ID / DRIVER'S LICENSE # | |
| HOME ADDRESS | CITY | STATE | ZIP |
| MAILING ADDRESS | CITY | STATE | ZIP |

LIST ALL FACILITIES WHERE YOU CURRENTLY ENGAGE IN THE PRACTICE OF BODY ART SUCH AS TATTOOING, BODY PIERCING OR THE APPLICATION OF PERMANENT COSMETICS

| | | |
|---------------|-----------------|-----------------------|
| FACILITY NAME | STREET ADDRESS | BUSINESS PHONE NUMBER |
| OWNER NAME | MAILING ADDRESS | HOURS OF OPERATION |

3. BODY ART FACILITY OWNER APPROVAL OF PRACTITIONER

I hereby certify as the owner of the above noted Body Art Facility that the **Body Art Practitioner** submitting this application **is approved to work** in my **Body Art Facility**, pending their **Body Art Practitioner Registration Approval**.

Body Art Facility Owner Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

4. BODY ART PRACTITIONER ATTACHMENTS (The following attachments are required to be submitted with this application)

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|--|
| 1. Copy of photo identification or driver's license. |
| 2. Copy of a certificate of completion of Hepatitis-B Vaccination, laboratory evidence of immunity, or Hepatitis-B Vaccination declination compliant with Federal OSHA requirements. (Hepatitis-B Vaccination declination form available upon request) |
| 3. Copy of a certificate of completion of OSHA compliant bloodborne pathogen training. (List of courses available upon request) |
| 4. Copy of consent forms and aftercare directions provided to the customer for procedures. |

I understand that the **Body Art Practitioner Annual Registration is not transferable to another Practitioner**. I hereby certify that to the best of my knowledge and belief the statements made herein are true and correct.

Body Art Practitioner Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

| | | | |
|----------------------------|--------------------|--------------------------------|----------------------------|
| FOR OFFICE USE ONLY | | | |
| Program (PE): _____ | Fees: _____ | (CASH / CHECK) Check No. _____ | Payment Date: _____ |
| Receipt No: _____ | Received by: _____ | REHS Approval: _____ | |
| Owner ID: _____ | Facility ID: _____ | Envision Entry By: _____ | Envision Entry Date: _____ |