



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION**
2156 SIERRA WAY STE. B / PO BOX 1489, SAN LUIS OBISPO, CA 93401
PHONE : (805)781-5544 FAX: (805)781-4211
EMAIL: EHS@CO.SLO.CA.US



**APPLICATION FOR CERTIFICATE OF REGISTRATION TO PERFORM
BODY ART, TATTOOING, BODY PIERCING, OR PERMANENT COSMETICS**

BODY ART PRACTITIONER INFORMATION

NAME _____

MAILING ADDRESS _____

PRACTITIONER DATE OF BIRTH _____

PHONE NUMBER _____

QUALIFIES FOR VETERAN'S EXEMPTION (PLEASE PROVIDE A COPY OF YOUR DD214 FORM)

EMPLOYMENT INFORMATION

(IF OPERATING AT MORE THAN ONE BODY ART FACILITY, PLEASE LIST ON PAGE 2)

BODY ART FACILITY NAME _____

BODY ART FACILITY PHONE NUMBER _____

BODY ART FACILITY ADDRESS _____

1. PLEASE MARK ONE OF THE FOLLOWING:

- I HAVE BEEN **VACCINATED FOR HEPATITIS B**, INCLUDING APPLICABLE BOOSTERS.
- I HAVE DOCUMENTATION DEMONSTRATING AN **IMMUNITY TO HEPATITIS B**.
- I HAVE COMPLETED AN **OSHA COMPLIANT HEPATITIS B VACCINATION DECLINATION**. A COPY OF THE DECLINATION SHALL BE KEPT ON FILE AT EACH FACILITY.

2. PLEASE INDICATE ALL OF THE SERVICES THAT YOU WILL BE PERFORMING

- TATTOOING** INSERTION/IMPLANTATION OF PIGMENT INTO HUMAN SKIN TISSUE BY PIERCING WITH A NEEDLE.
- BODY PIERCING** MEANS THE CREATION OF AN OPENING IN A HUMAN BODY FOR THE PURPOSE OF INSERTING JEWELRY OR OTHER DECORATION. "BODY PIERCING" INCLUDES, BUT IS NOT LIMITED TO, THE PIERCING OF AN EAR, INCLUDING THE TRAGUS, LIP, TONGUE, NOSE, OR EYEBROW. "BODY PIERCING" DOES NOT INCLUDE THE PIERCING OF AN EAR, EXCEPT FOR THE TRAGUS, WITH A DISPOSABLE, SINGLE-USE, PRE-STERILIZED STUD AND CLASP OR SOLID NEEDLE THAT IS APPLIED USING A MECHANICAL DEVICE TO FORCE THE NEEDLE OR STUD THROUGH THE EAR.
- BRANDING** THE PROCESS IN WHICH A MARK OR MARKS ARE BURNED INTO HUMAN SKIN TISSUE WITH A HOT IRON OR OTHER INSTRUMENT, WITH THE INTENTION OF LEAVING A PERMANENT SCAR.
- PERMANENT COSMETICS** THE IMPLANTATION OF PIGMENTS INTO HUMAN SKIN TISSUE FOR THE PURPOSE OF PERMANENTLY CHANGING THE COLOR OR OTHER APPEARANCE OF THE SKIN. THIS INCLUDES, BUT IS NOT LIMITED TO, PERMANENT EYELINER, EYEBROW, OR LIP COLOR.
- OTHER SERVICES/PROCEDURES** PLEASE LIST _____

ADDITIONAL EMPLOYMENT INFORMATION

BODY ART FACILITY NAME _____

BODY ART FACILITY PHONE NUMBER _____

BODY ART FACILITY ADDRESS _____

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BODY ART FACILITY NAME _____

BODY ART FACILITY PHONE NUMBER _____

BODY ART FACILITY ADDRESS _____

3. PROVIDE A COPY OF EACH OF THE FOLLOWING IN ADDITION TO PERMIT FEE:

- EVIDENCE OF CURRENT **HEPATITIS B VACCINATION**, INCLUDING APPLICABLE BOOSTERS, OR DOCUMENTATION OF **HEPATITIS B IMMUNITY**, OR A CURRENT **HEPATITIS B VACCINATION DECLINATION**.
- EVIDENCE OF **COMPLETION OF ANNUAL BLOOD-BORNE PATHOGEN TRAINING**.
- PROOF THAT YOU ARE 18 YEARS OF AGE OR OLDER**.

THIS IS NOT A HEALTH PERMIT APPLICATION TO OPERATE A BODY ART FACILITY. A SEPARATE HEALTH PERMIT APPLICATION MUST BE COMPLETED AND RETURNED ALONG WITH APPLICABLE PERMIT FEE. THIS APPLICATION IS FOR PRACTITIONERS TO OBTAIN A CERTIFICATE OF REGISTRATION FROM THE SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT TO PERFORM BODY ART.

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE. I AGREE TO COMPLY WITH AND CONFORM TO ALL CONDITIONS, ORDERS AND DIRECTIONS, ISSUED PURSUANT TO THE CALIFORNIA HEALTH AND SAFETY CODE, AND ALL APPLICABLE COUNTY AND CITY ORDINANCES.

I HAVE RECEIVED A COPY OF AND READ THE BODY ART FACILITY REQUIREMENTS AND/OR THE SAFE BODY ART ACT, AND I HEREBY CERTIFY THAT I HAVE KNOWLEDGE OF, AND COMMITMENT TO MEET, STATE LAW PERTAINING TO BODY ART SAFETY.

PRINT NAME	SIGNATURE	DATE
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FOR OFFICE USE ONLY					
DATE RECEIVED _____	RECEIVED BY _____	ASSIGNED TO _____	ENTERED BY _____	ENTERED DATE _____	
PE# _____	AMOUNT DUE _____	AMOUNT PAID _____	CHECK OR CC AUTH # _____	CASH <input type="checkbox"/>	
<input type="checkbox"/> NONPROFIT: TAX ID # _____	<input type="checkbox"/> VETERAN EXEMPT	DD214 ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PR# _____	SR# _____	FA# _____	INVOICE NUMBER _____		
INSPECTOR APPROVED _____				DATE _____	