



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

2156 Sierra Way STE. B, San Luis Obispo, CA 93401
PO Box 1489, San Luis Obispo, CA 93406
Phone: (805) 781-5544 Fax: (805)781-4211
Email: ehs@co.slo.ca.us

BODY ART PRACTITIONER REGISTRATION FORM

To perform Body Art, Tattooing, Body Piercing, or Permanent Cosmetics

BODY ART PRACTITIONER INFORMATION

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PRACTITIONER DATE OF BIRTH \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

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. 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.
INFORMED CONSENT/MEDICAL QUESTIONNAIRE/AFTERCARE FORM

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 ADDRESS \_\_\_\_\_

**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

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ ASSIGNED TO \_\_\_\_\_ ENTERED BY \_\_\_\_\_ ENTERED DATE \_\_\_\_\_

PE# \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ CHECK OR CC AUTH # \_\_\_\_\_ CASH

PR# \_\_\_\_\_ SR# \_\_\_\_\_ FA# \_\_\_\_\_ INVOICE NUMBER \_\_\_\_\_

INSPECTOR APPROVED \_\_\_\_\_ DATE \_\_\_\_\_