



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

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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 _____

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. 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.
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.
OTHER SERVICES/PROCEDURES PLEASE LIST _____

ADDITIONAL EMPLOYMENT INFORMATION

BODY ART FACILITY NAME _____

BODY ART FACILITY PHONE NUMBER _____

BODY ART FACILITY ADDRESS _____

ADDITIONAL EMPLOYMENT INFORMATION

BODY ART FACILITY NAME _____

BODY ART FACILITY PHONE NUMBER _____

BODY ART FACILITY ADDRESS _____

ADDITIONAL EMPLOYMENT INFORMATION

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"/>	
PR# _____	SR# _____	FA# _____	INVOICE NUMBER _____		
INSPECTOR APPROVED _____				DATE _____	