

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, Branding, 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 (MINIMUM 2 HOURS).	
☐ 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	

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P	RINT NAME	SIGNA	ATURE	DATE			
		FOR OFFICE U	SE ONLY				
DATE RECEIVED	RECEIVED BY	ASSIGNED TO	ENTERED BY	ENTERED DATE			
			CHECK OR CC AUTH #				
PR#	SR#	FA#	INVOICE NU	JMBER			
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INSPECTOR APP	PROVED		DA	TE			