

County of Sonoma Department of Health Services

Environmental Health & Safety

625 5th Street ❖ Santa Rosa, CA 95404

707-565-6565 ❖ Fax 707-565-6525

www.sonoma-county.org/eh

BODY ART PRACTITIONER REGISTRATION APPLICATION

Pursuant to Assembly Bill 300 ("The Safe Body Art Act") California Health and Safety Code, Chapter 7, commencing with Section 119300 a person shall not perform body art if he or she is not registered with the local enforcement agency.

Original application Renewal

Practitioner Name Amount Enclosed

Home Mailing Address/PO Box Apt

City State Zip

Email Phone Cell

Table with 3 columns: Primary Facility Name, Address, Phone. Includes a section for Additional Facilities or Events with dates.

As a condition of registration, all applicants shall provide:

- Evidence of completion of OSHA Bloodborne Pathogen Training within the last 12 months.

First time registrants shall also submit the following documents:

- Evidence of current hepatitis B vaccination, including applicable boosters, unless the practitioner can demonstrate hepatitis B immunity, or a hepatitis B declination form.
Proof of 18 years of age or older

By checking this box, you certify that you have read, have knowledge of, and commit to meeting the applicable State law (the Safe Body Art Act, California Health and Safety Code, Chapter 7 of Part 15 of Division 104, commencing with Section 119300).

Indicate the services you will be providing:

Tattooing Body Piercing Permanent Cosmetics Branding

I declare that to the best of my knowledge the information I have provided is true and accurate. I also agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I also agree to notify this office within 30 days of any changes in the above information.

The permit shall be posted in a conspicuous place within the facility.

Practitioner Signature

Print Practitioner Name

Date

For office use only: PE Approved By Amount Received \$

PR # District Issue Permit

Cash Check Credit Card Trans # Date Rec'd By