

OFFICIAL USE ONLY

FACILITY ID#	_____
RECEIPT#	_____
AMOUNT PAID	_____
DATE PAID	_____

BODY ART PRACTITIONER REGISTRATION

TYPE OF SERVICE: <input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS <input type="checkbox"/> BRANDING	TYPE OF PERMIT: <input type="checkbox"/> BODY ART PRACTITIONER FEE = \$175 PE = 4710
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MAKE CHECKS PAYABLE TO COUNTY OF SANTA CLARA DEH

PRACTITIONER	Full Legal Name (Please Print) _____ Phone () _____
	Billing Address _____ City _____ State _____ Zip _____
	Email Address _____ Date of Birth (must be 18 or older) _____ / _____ / _____
	Shop Name _____ Shop Phone () _____
	Shop Address _____ City _____ State _____ Zip _____
	Are you currently registered as a practitioner in Santa Clara County? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES , provide your practitioner registration number here: FA# _____
	Are you registered as a practitioner in another city or county in California? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES , provide a copy of your registration. Previous County/City _____ Expiration Date _____
	Are you updating information? <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>REQUIRED ANNUAL REGISTRATION DOCUMENTATION</u>	
Provide the following documentation for verification:	
<input type="checkbox"/> Hepatitis B Vaccination / Immunity / Boosters / Declination (Please circle one)	
<input type="checkbox"/> Bloodborne Pathogen Training Certification Issue Date: _____	

SELF CERTIFICATION	<u>PRACTITIONER SELF-CERTIFICATION</u>
	<input type="checkbox"/> The registrant has knowledge of, and commitment to meet state law and relevant local regulations pertaining to body art safety, and;
	<input type="checkbox"/> The registrant has acquired adequate knowledge, experience and training to perform body art, or;
	<input type="checkbox"/> The registrant is training under the supervision of a locally registered and permitted practitioner in a body art facility that is permitted by DEH.
Name of supervising practitioner: _____	Cell Phone: _____

I hereby certify that all statements made in this application are true and correct. I agree to operate in accordance with all applicable state and local regulations regarding The Safe Body Art Act (California Health and Safety Code commencing with Section 119300) and Santa Clara County Ordinance Code B11. I agree to maintain a current certification in Bloodborne pathogen exposure control training (Section 119306).

Signature _____ Date _____

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<input type="checkbox"/> NEW PRACTITIONER <input type="checkbox"/> UPDATE	
PREVIOUS NAME OF FACILITY/BUSINESS _____	DESIGNATED EMPLOYEE _____
COMMENTS _____	PHOTO ID <input type="checkbox"/> YES <input type="checkbox"/> NO
FA# _____ <input type="checkbox"/> ID CARD PROCESSING FORM ATTACHED	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
BY _____ EMP# _____ DATE _____	SUPERVISOR _____ DATE _____