



OFFICIAL USE ONLY	
FA# _____	_____
PR# _____	_____
AMOUNT PAID _____	_____
DATE PAID _____	_____

ENVIRONMENTAL HEALTH SERVICES
 Office of Solid/Medical Waste Management
 1131 Harbor Bay Parkway
 Alameda, CA 94502-6577
 (510) 567-6700
 FAX (510) 337-9234

INSTRUCTIONS: Please use this form when requesting a replacement Body Art Practitioner Registration Card that has been lost, stolen or mutilated. A fee will be assessed for a replacement card.

BODY ART PRACTITIONER REGISTRATION CARD REPLACEMENT FORM

BODY ART PRACTITIONER NAME (PRINT)		PHONE NUMBER	
FACILITY NAME			
FACILITY ADDRESS	CITY	STATE	ZIP CODE
HOME ADDRESS			
EMAIL ADDRESS			

 Practitioner Signature

 Date

Signature on this form indicates agreement to comply with applicable statutes. Fee is in accordance to Title 6 of the Alameda County General Ordinance Code.