



BODY ART PRACTITIONER REGISTRATION FORM

TYPE OF SERVICE: <input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS <input type="checkbox"/> BRANDING	TYPE OF APPLICATION: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL
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GENERAL PRACTITIONER INFORMATION:

FULL NAME (Please Print) _____
 (Last Name) (First Name) (Middle Initial)

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS: _____ DATE OF BIRTH (Must be 18 or older) _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

Are you a registered practitioner in Alameda County? Yes _____ No _____ If Yes, provide PR# _____

Are you registered as a practitioner in another city or county in California? Yes _____ No _____

REQUIRED REGISTRATION DOCUMENTS:

Copy of Driver's License

Hepatitis B – Hepatitis B Vaccination / Immunity / Boosters / Declination
 (Please circle One)

Bloodborne Pathogen Training Certification (Provider must be on the approved list) – Required Annually
 Expiration Date: _____

Passport Size Photo (2"x2") or Digital JPEG Facial Identifier for the Registration Card and Signature

Permit Fee

BODY ART FACILITY WORK LOCATION:

NAME OF BODY ART FACILITY _____

FACILITY ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS: _____ PHONE NUMBER _____

I hereby certify that all statements made in the application and information in the attached documentation are true and correct. I agree to operate in accordance with all applicable state and local regulations pertaining to the California Health and Safety Code Sections 119300 through 119328. I agree to maintain a current certification in Bloodborne Pathogens Exposure Control Training (Section 119306).

SIGNATURE _____ DATE _____

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

FOR OFFICIAL USE ONLY

FA# _____ PR# _____ AMOUNT PAID: _____ DATE PAID _____	<input type="checkbox"/> APPROVED INSPECTOR'S NAME: _____ <input type="checkbox"/> NOT APPROVED DATE: _____
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