

OFFICIAL USE ONLY

FA# _____
PR# _____
AMOUNT PAID _____
DATE PAID _____

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.