



## BODY ART PRACTITIONER REGISTRATION FORM

<b>TYPE OF SERVICE:</b> <input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS <input type="checkbox"/> BRANDING			<b>TYPE OF APPLICATION:</b> <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL		
<b>GENERAL PRACTITIONER INFORMATION:</b>					
FULL NAME (Please Print) _____ <div style="display: flex; justify-content: space-between; width: 100%;"><span>(Last Name)</span><span>(First Name)</span><span>(Middle Initial)</span></div>					
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 _____    If Yes, what county? _____					
<b>REQUIRED REGISTRATION DOCUMENTS:</b>					
<input type="checkbox"/> Hepatitis B – Hepatitis B Vaccination / Immunity / Boosters / Declination (Please circle ONE and provide supporting documentation)					
<input type="checkbox"/> Bloodborne Pathogen Training Certification (Provider must be on the approved list) – Expiration Date: _____					
<input type="checkbox"/> Passport Size Photo (2"x2") or Electronic Photo for the Registration Card			<input type="checkbox"/> Consent Form / Medical Questionnaire		
<input type="checkbox"/> Copy of Driver's License or other Government Issued ID Card			<input type="checkbox"/> Infection Prevention Control Plan (IPCP)		
<input type="checkbox"/> Post Procedure Instructions			<input type="checkbox"/> Permit Fee		
<b>BODY ART FACILITY WORK LOCATIONS IN ALAMEDA COUNTY (REQUIRED) - ATTACH ADDITIONAL PAGES IF NEEDED:</b>					
<b>NAME OF BODY ART FACILITY #1</b> _____					
FACILITY ADDRESS _____		CITY _____		STATE _____ ZIP CODE _____	
EMAIL ADDRESS: _____		PHONE NUMBER _____			
<b>NAME OF BODY ART FACILITY #2</b> _____					
FACILITY ADDRESS _____		CITY _____		STATE _____ ZIP CODE _____	
EMAIL ADDRESS: _____		PHONE NUMBER _____			

Note: **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.** Facilities must be permitted otherwise your application will not be processed and fees may not be refundable. Practitioner registration are not transferable from one location to another. A new application and permit fee must be submitted when working at a new location.

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. I agree to maintain a current certification in Bloodborne Pathogens Exposure Control Training (Section 119307).

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ 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# _____	ENVIRONMENTAL HEALTH SPECIALIST: _____
AMOUNT PAID: _____ DATE PAID _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED    DATE: _____