



## BODY ART PRACTITIONER PACKET

- ☐ Complete *Application for Body Art Practitioner Registration*, (see page three)  
Meet Hepatitis B requirements in *one* of the following ways:
    - ☐ A. Provide evidence of current Hepatitis B vaccination (including boosters) **OR**
    - ☐ B. Comply with current Federal Occupational Safety and Health Administration (OSHA) Hepatitis B vaccination declination requirement **OR**
    - ☐ C. Demonstrate Hepatitis B immunity.
  - ☐ Provide evidence of completion of OSHA Bloodborne Pathogen Training (trainers must be approved by San Bernardino County).
  - ☐ Provide valid photo identification (must be at least 18 years of age) for first-time registrants.
  - ☐ Provide signature on the Application for Body Art Practitioner Registration verifying self-certification of, knowledge of and commitment to meet state law and relevant local regulations pertaining to body art safety. Regulations for the California [Safe Body Art](#) Act can be accessed through the Environmental Health Services (EHS) website.
  - ☐ Pay applicable body art registration fee.
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A valid and current registration issued by EHS will be valid in any other jurisdiction for no more than five consecutive days, or 15 days total, in any one calendar year.

A practitioner may, in the local jurisdiction of registration, practice in a temporary demonstration booth for no more than seven days in a 90-day period.

A practitioner shall display a certificate confirming registration with the local enforcement agency. The Body Art Practitioner Registration shall be visible to the public at the body art facility where the practitioner is performing body art.

A body art practitioner must:

- Maintain a valid practitioner registration
- Use proper hygiene before performing body art
- Answer questions regarding the procedure site
- Provide post-procedure instructions
- Properly discard sharps waste
- Properly clean, sanitize, and protect instruments and equipment
- Maintain a clean and sanitary environment
- Comply with all applicable laws and regulations regarding safe body art
- Notify EHS when switching facilities or when no longer practicing body art

Practitioner registration inspections (including charged inspections) may be conducted for the following actions:

- Practicing with expired registration or without current bloodborne pathogens exposure control training
- Using unsafe practices on client(s)
- Repeat violations

A body art practitioner practicing body art in violation of the Safe Body Art Act, resulting in an imminent health hazard, may have their registration suspended or revoked. The registrant has the right to request (in writing) a hearing to show cause why their registration should not be suspended or revoked. A failure to request a hearing within 15 calendar days after receipt of the notice will be deemed a waiver of the right to a hearing.



## HEPATITIS B VIRUS IMMUNITY REQUIREMENTS

In accordance with Occupational Safety and Health Administration (OSHA) requirements, employers must make Hepatitis B vaccinations available at no cost to employees who have an occupational exposure to the Hepatitis B virus (HBV). Body art practitioners (BAPs) are required to submit evidence of current HBV immunity in conjunction with registration materials. This includes records of Hepatitis B vaccinations and booster shots. If a practitioner declines vaccination against HBV, they must submit a signed declination agreement from their employer. Refer to the declination statement below.

Contact OSHA ([www.osha.gov](http://www.osha.gov)) for additional information.

HEPATITIS B VACCINE DECLINATION
EMPLOYER INFORMATION

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

Hepatitis B Vaccine Declination for: \_\_\_\_\_  
(Applicant's full name)

"I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the HBV infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge; however, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring the HBV. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me."

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996]

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Owner's Name: \_\_\_\_\_

Facility Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## APPLICATION FOR BODY ART PRACTITIONER REGISTRATION

THIS SECTION TO BE COMPLETED BY APPLICANT					
APPLICANT INFORMATION					
Full Name:		Date of Birth:		Date:	
Home Address:		City:	State:	Zip:	
Phone Number:		Email:			
Mailing Address (if different from above):					
City:			State:	Zip:	
First time registering?	Yes	No	Practitioner Registration Number (PRXXXXXXX):		
PERMITTED FACILITY INFORMATION					
Business Name:					
Business Address (where applicant will be performing activities):					
City:		State:		Zip:	
Type of Activities:	Tattoo	Body Piercing	Permanent Cosmetic	Branding	Body Art Training
All of the following must be provided with the application:					
Evidence of current Hepatitis B vaccination (including boosters) OR Evidence that applicant has complied with current Federal Occupational Safety and Health Administration (OSHA) regulations OR Applicant is able to demonstrate Hepatitis B immunity					
Evidence the Body Art Practitioner has completed the OSHA Bloodborne pathogen training (consistent with Section 119307 of the California Code of Regulations). An approved list of trainers can be found at: <a href="https://ehs.sbcounty.gov/programs/massage-and-body-art-practice-2/">https://ehs.sbcounty.gov/programs/massage-and-body-art-practice-2/</a> .					
Annual registration fee (Make checks payable to: San Bernardino County)					
Valid photo identification (for new applicants only)					

## DECLARATION AND SIGNATURE

**Indemnification:** The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.

I declare under the penalty of law, that to the best of my knowledge and belief, the statements made herein are correct and true. I certify that I am at least 18 years of age. I have knowledge of, and commit to meet state law and relevant local regulations pertaining to body art safety. I hereby submit this application for health services in accordance with the laws, ordinances and regulations that are now and may herein after be in force by the Federal Government, State of California, and San Bernardino County pertaining to Body Art Practitioners. I hereby consent to all necessary inspections incident to the issuance of this registration. Furthermore, I understand that failure to meet all requirements of the Safe Body Art Act and San Bernardino County may result in legal action including, but not limited to, additional charged inspections, suspension or revocation of my registration.

**Electronic Signature Only:** By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.

Signature:

Date:

Print Name:

Title:

## OFFICE USE ONLY

Fee:

FA Number:

Record ID:

PE Number:

Late Fee:    Y    N

Designated Employee:

Received By:

Date:

Check One:

New

Renewal

Reactivate

Changes (specify):