



Public Health  
Environmental Health Services

[www.SBCounty.gov](http://www.SBCounty.gov)  
www.sbcounty.gov/dph/dehs  
Phone: (800) 442-2283



## APPLICATION FOR BODY ART PRACTITIONER REGISTRATION

THIS SECTION TO BE COMPLETED BY APPLICANT			
APPLICANT INFORMATION			
Full Name	Date of Birth	Phone Number	
Work Address	City	State	Zip
Mailing Address (if different than work address)	City	State	Zip
Email			
Are you registering for the first time? <input type="checkbox"/> Yes <input type="checkbox"/> No:		Practitioner Registration Number (PRXXXXXXX)	
APPLICANT INFORMATION			
Business Name & Address (where applicant will be performing activities)		City	State    Zip
Type of Activities: <input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Branding			
ALL OF THE FOLLOWING SHALL BE PROVIDED WITH APPLICATION			
<input type="checkbox"/> Evidence of current Hepatitis B vaccination (including boosters)	OR	Evidence that applicant has complied with current Federal OSHA hepatitis B vaccination declination requirement	OR
Applicant is able to demonstrate Hepatitis B immunity			
<input type="checkbox"/> Evidence of completion of OSHA Bloodborne pathogen training (consistent with Section 119307 of the California Code of Regulations)			
<input type="checkbox"/> Annual registration fee (Make checks payable to: County of San Bernardino)			
<input type="checkbox"/> Valid photo identification (for new applicants only)			
DECLARATION AND SIGNATURE			
<p>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 the County of San Bernardino 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 the County of San Bernardino may result in legal action including, but not limited to, additional charged inspections, suspension or revocation of my registration.</p>			
<input type="checkbox"/> I hereby acknowledge receiving a copy of and agree to abide by the <i>Requirements For Body Art Practitioner Registration</i>			
Signature <b>X</b>		Date	
Print Name		Title	
For Office Use Only    For Office Use Only    For Office Use Only    For Office Use Only    For Office Use Only			
Fee:	FA Number:	Record ID:	PE Number:
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate		Changes (please specify):	