



Environmental Health ❖ 625 5th Street, Santa Rosa, CA 95404 ❖ 707-565-6565 ❖ Fax 707-565-6525
<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

BODY ART PRACTITIONER REGISTRATION APPLICATION

Pursuant to Assembly Bill 300 ("The Safe Body Art Act") California Health and Safety Code, Chapter 7, commencing with Section 119300 a person shall not perform body art if he or she is not registered with the local enforcement agency.

Original application Renewal For Records Only

Practitioner Name _____ Amount Enclosed _____

Home Mailing Address/PO Box _____ Apt _____

City _____ State _____ Zip _____

Email _____ Phone _____ Cell _____

Primary Facility Name	Address	Phone
(please give dates for events)	Address	Phone

As a condition of registration, all applicants shall provide:

- **Evidence of completion of OSHA Bloodborne Pathogen Training within the last 12 months.**

First time registrants shall also submit the following documents:

- Evidence of current hepatitis B vaccination, including applicable boosters, unless the practitioner can demonstrate hepatitis B immunity, or a hepatitis B declination form.
- Proof of 18 years of age or older

By checking this box, you certify that you have read, have knowledge of, and commit to meeting the applicable State law (the Safe Body Art Act, California Health and Safety Code, Chapter 7 of Part 15 of Division 104, commencing with Section 119300).

Indicate the services you will be providing:

Tattooing Body Piercing Permanent Cosmetics Branding

I declare that to the best of my knowledge the information I have provided is true and accurate. I also agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. **I also agree to notify this office within 30 days of any changes in the above information.**

The permit shall be posted in a conspicuous place within the facility.

Practitioner Signature

Print Practitioner Name

Date

For office use only: PE _____ Approved By _____ Amount Received \$ _____

PR # _____ District _____ Issue Permit _____

Cash Check Credit Card Trans # _____ Date Rec'd _____ By _____