



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/>

TEMPORARY BODY ART PRACTITIONER REGISTRATION APPLICATION
*(Each practitioner not registered in Sonoma County must submit this application and registration fee **at least 14 days prior to the event/class**)*

Applicants name: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Event or Class Name: _____

Event or Class Address: _____

Event or class Dates: From _____ To _____ Booth Name/# _____

Indicate which services you are providing: Tattooing Piercing Branding Permanent Cosmetics

Submit a copy of the certificate confirming your registration as a body artist in California with this application. All practitioners must possess a valid body art practitioner registration issued from a jurisdiction within the state of California.

If you are **not** currently registered in California, please provide copies of the following documents with this application. This supporting documentation is considered part of the application.

1. A copy of a certificate demonstrating completion of OSHA Bloodborne Pathogen Training (that is specific to your practice) within the past 12 months.
2. Evidence of current hepatitis B vaccination, unless you can demonstrate hepatitis B immunity, or a hepatitis B declination form.
3. Evidence that you are at least 18 years of age. A copy of a picture I.D. such as a driver's license will suffice.

Please display your "Temporary Event Practitioner Registration" in your booth during the event OR bring it with you to your class.

Body Art Practitioner Acknowledgement

I declare that to the best of my knowledge and belief, the statements made herein are correct and true. I am responsible for knowing and complying with the regulations pertaining to the practice of body art contained in the California Health & Safety Code, Chapter 638 (Safe Body Art Act). I hereby consent to all necessary inspections made pursuant to the California Health and Safety Code.

I understand that failure to meet the conditions identified in this application or failure to comply with requirements set forth in the California Health and Safety Code, Chapter 638, may result in the suspension of my approval to operate and/or an administrative fine.

I understand that once the application is reviewed, the **registration fee** is non-refundable.

Name: _____ Signature: _____ Date: _____

For office use only:

PE # _____ PR # _____ Issue Permit _____ Requested By _____

Comments _____ Date rec'd _____ Rec'd by _____

Cash Check Credit Card Trans# _____