

**Public Health Services Branch  
Environmental Health Division  
Body Art Practitioner Registration Application**

501 Low Gap Road, Rm. 1326, Ukiah CA 95482 Phone:(707)463-4466 Fax:(707)463-4038

EH Staff Enter:		EH Staff Note:  ✓ or N/A
Rec'd By: _____	Reviewed by: _____ Date: _____	
Payment # _____	Approved by: _____ Date: _____	
Amount: _____	Receipt Date: _____	
Name: _____ Mailing address: _____ Business address (location of practice): _____ Telephone: _____ Email (optional): _____		
Current Hepatitis B vaccination documentation (attach): {If not providing Hepatitis B vaccination documentation provide current OSHA Hepatitis B declination}		
Current OSHA Bloodborne Pathogen Training documentation (attach):		
Verification practitioner is at least eighteen years of age:		
State regulations knowledge (provided handout):		
First time registrant's experience of six months (if more than one facility attach list): Facility (name and address): _____ _____ Dates: _____ Type of experience: _____ Supervisor(s): _____ Phone: _____		
<b>OR</b> Documentation of registration in another jurisdiction provided (attach):		
Service (circle applicable):    Tattooing    Piercing    Permanent Cosmetics    Branding		
Signature: _____		