BODY ART FACILITY AND PRACTITIONER REGISTRATION/MECHANICAL STUD AND CLASP EAR PIERCING NOTIFICATION

I. APPLICATION FOR REGISTRATION, PERMIT, OR NOTIFICATION: Check all that apply.

1. Annual Body Art Practitioner Registration
2. Annual Body Art Facility Permit
3. Annual Body Art Mobile Facility Permit
4. Mechanical Stud and Clasp Ear Piercing Notification

II. PROCEDURES TO BE PERFORMED: Check all that apply (see back for definitions)

☐ Tattooing
☐ Body Piercing
☐ Mechanical Stud and Clasp Ear Piercing
☐ Branding
☐ Permanent Cosmetics

III. APPLICANT INFORMATION:

Name:
Home Address:
City: State: Zip:
Phone:
Email:

IV. FACILITY INFORMATION:

Facility Name:
Facility Owner Name:
Address:
City: State: Zip:
Phone:
Email:

BODY ART PRACTITIONER ONLY

Identification Type:
☐ Drivers License
☐ Other
Identification No.:
Submit Copy of ID Date of Birth:

Facility Where Body Art Services Will Be Provided

Facility Name: Owner: Phone:
Address:
Email:

Service You Provide:

Bloodborne Pathogen Training: Submit copy of Certificate

Date Completed:
Training Provided by:

Hepatitis B Vaccination Status: Choose One and Submit Documentation

☐ Certification of Completed Vaccination
☐ Contraindicated for Medical Reasons (Doctor’s Note)
☐ Laboratory Evidence of Immunity
☐ Vaccination Declination

The undersigned hereby applies for a Body Art Facility Permit and/or Practitioner Registration and/or Mechanical Stud and Ear Piercing Notification and agrees to operate in accordance with all applicable state and local requirements (zoning restrictions, business license) governing safe body art practices or practices governing mechanical stud and clasp ear piercing.

I hereby certify that to the best of my knowledge and belief the statements made herein are true and correct.

Signature: Title: Date: __________________________

Print Name: __________________________ Mail Permit/ Registration to: ☐ Home Address ☐ Facility Address

FOR OFFICE USE ONLY

Program (PE):___________ Fees:___________ Approved by (REHS):____________ Date:__________

Amount Paid:
Date Paid:
Receipt #:
Check #:
CC Auth #

Updated & Posted to web 6/3/19 pgs 3294 & 3245
SAFE BODY ART ACT (AB 1168) INFORMATION

A. APPLICATION FOR: REGISTRATION, PERMIT, OR NOTIFICATION (§ 119312, § 119325)

ANNUAL BODY ART PRACTITIONER REGISTRATION — Required for all individuals providing body art services.

ANNUAL BODY ART FACILITY PERMIT — Required for businesses where tattooing, body piercing, branding, and/or permanent cosmetic services are performed.

ANNUAL BODY ART MOBILE FACILITY PERMIT — Required for mobile facilities in which Body Art is performed.

MECHANICAL STUD AND CLASP EAR PIERCING NOTIFICATION — Required for facilities where mechanical stud and clasp devices are used for piercing the ear.

B. PROCEDURES TO BE PERFORMED (§ 119300)

Body Art Practitioner applicant should identify each service that will be provided. Body Art Facility owner applicant should identify all the services that will be provided within the facility.

TATTOOING — means the insertion of pigment in human skin by piercing with a needle.

BODY PIERCING — means the creation of an opening in a human body for the purpose of inserting jewelry or other decoration. “Body piercing” includes, but is not limited to, the piercing of an ear, including the tragus, lip, tongue, nose, or eyebrow. “Body piercing”, does not include mechanical stud and clasp ear piercing.

PERMANENT COSMETICS — means the application of pigments in human skin tissue for the purpose of permanently changing the color or appearance of the skin. This includes, but is not limited to, permanent eyeliner, eyebrow, or lip color.

BRANDING — means the process in which a mark or marks are burned into human skin tissue with a hot iron or other instrument, with the intention of leaving a permanent scar.

MECHANICAL STUD AND CLASP EAR PIERCING (§ 119325) — means the utility of a pre-sterilized single use mechanical stud and clasp device for piercing the outer perimeter or lobe of the ear.

C. PRACTITIONERS SUBMITTAL CHECK LIST

☐ Proof of I.D.  ☐ Blood Borne Pathogen Training
☐ Hepatitis B Status

D. BODY ART FACILITY IS REQUIRED TO SUBMIT AN EXPOSURE CONTROL AND INFECTION PREVENTION CONTROL PLAN (ECIPCP) WITH THE INITIAL FACILITY APPLICATION ONLY.

E. CONTACT LOCAL JURISDICTION IN REGARDS TO ANY ZONING REQUIREMENTS/ LIMITATIONS AND BUSINESS LICENSE REQUIREMENTS.

F. PERMIT FEES:
Call Environmental Health for current fees – (530) 745-2300
Or check website - https://www.placer.ca.gov/3105/Environmental-Health