



**DEPARTMENT OF ENVIRONMENTAL RESOURCES**

3800 Cornucopia Way, Suite C, Modesto, CA 95358-9494

Phone: 209.525.6700 • Fax: 209.525.6774

www.stancounty.com

**BODY ARTIST REGISTRATION APPLICATION**

**Type of Application:**  New  Annual Renewal  Revision  Replacement

**Type of body art the artist will be performing is:**  
 Tattooing  Permanent Makeup  Body Piercing  Branding  Other:

**BODY ARTIST INFORMATION**

Name :

Primary Phone : Secondary Phone :

Physical Address :

City : State : Zip :

Mailing Address (if different from above):

City : State : Zip :

Email Address :

**BODY ART FACILITY INFORMATION**

Business/Shop Name :

Address :

City : State : Zip :

Owner Name : Phone :

**FOR NEW ARTIST REGISTRATION:**

Please submit the following documentation with this application:

Stanislaus County approved OSHA Blood Borne Pathogens course certificate

Evidence of current Hepatitis B vaccination, Hepatitis B immunity or Hepatitis B declination

Proof of 18 years of age or older

A current color passport-sized photo (2" x 2") for certificate of registration

**FOR ANNUAL RENEWAL OF ARTIST REGISTRATION:**

Please submit the following documentation with this application:

Stanislaus County approved OSHA Blood Borne Pathogens course certificate

**FOR REVISION OF ARTIST REGISTRATION – CHANGE OF OWNER OR SHOP:**

If you are changing shops and had a Hepatitis B declination, you must submit with this application:

New Hepatitis B declination

I have read and understand what is expected of me in order to perform body art in this County. If I fail to take the necessary precautions to ensure the safety of the public and follow the regulations as set forth by the Safe Body Art Act and relevant local regulations pertaining to body art safety, it may result in suspension/revocation of my certificate of registration to operate and or further legal action. Practitioner must notify this Department in writing of any changes in the type of business activity, name, or billing address. **Certificate of registration is not transferable.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For Official Use*

PAID \$	CASH / CHECK / CREDIT CARD / ATM
DATE PAID	RECEIPT #
APPROVAL #	RECEIVED BY