



BODY ARTIST REGISTRATION APPLICATION

Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Annual Renewal <input type="checkbox"/> Revision <input type="checkbox"/> Replacement <input type="checkbox"/> Temporary Event
Type of body art the artist will be performing is: <input type="checkbox"/> Tattooing <input type="checkbox"/> Permanent Makeup <input type="checkbox"/> Microblading <input type="checkbox"/> Body Piercing <input type="checkbox"/> Branding <input type="checkbox"/> Other:

BODY ARTIST INFORMATION

Name :		
Physical Address :		
City :	State :	Zip :
Primary Phone :	Secondary Phone:	
Mailing Address (if different from above):		
City :	State :	Zip :
Email Address :		

BODY ART FACILITY INFORMATION

Business/Shop Name :		
Address :		
City :	State : CA	Zip :
Owner(s) Name(s) :	Phone :	

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:
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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

For Official Use

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