



DEPARTMENT OF ENVIRONMENTAL RESOURCES

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www.stancounty.com

**BODY ART FACILITY
NOTICE OF SEPARATION**

(Date)

TO: STANISLAUS COUNTY DEPARTMENT OF ENVIRONMENTAL RESOURCES

RE: PRACTITIONER SEPARATION FROM BODY ART FACILITY

This is to notify the Department of Environmental Resources that the following practitioner no longer works at my establishment or is no longer under my employ.

I, _____ of _____,
(Operator Name – please print) (Facility Name – please print)

certify that the following person has been separated from work at this body art facility and the information furnished hereon is true and correct.

Name of Practitioner – please print

Effective Date of Separation

Sincerely,

(Signature)