



Environmental Health ❖ 625 5th Street, Santa Rosa, CA 95404 ❖ 707-565-6565 ❖ EH@sonoma-county.org

<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

BODY ART PRACTITIONER REGISTRATION APPLICATION

Pursuant to Assembly Bill 300 ("The Safe Body Art Act") California Health and Safety Code, Chapter 7, commencing with Section 119300 a person shall not perform body art if he or she is not registered with the local enforcement agency.

Original application Renewal For Records Only

Practitioner Name _____ Amount Enclosed _____

Home Mailing Address/PO Box _____ Apt _____

City _____ State _____ Zip _____

Email _____ Phone _____ Cell _____

Primary Facility Name	Address	Phone
Additional Facilities or Events <i>(please give dates for events)</i>	Address	Phone

As a condition of registration, all applicants shall provide:

- **Evidence of completion of Bloodborne Pathogen Training with the last 12 months. Training must comply with the Safe Body Art Act, California Health and Safety Code, Chapter 7 of Part 15 of Division 104, commencing with Section 119300.** Links to approved courses are available at: <https://sonomacounty.ca.gov/Health/Environmental-Health/Body-Art/>

First time registrants shall also submit the following documents:

- Evidence of current hepatitis B vaccination, including applicable boosters, unless the practitioner can demonstrate hepatitis B immunity, or provide a hepatitis B declination form.
- Evidence that you are at least 18 years of age. A copy of a valid picture I.D. such as a driver's license or passport will suffice.

By checking this box, you certify that you have read, have knowledge of, and commit to meeting the applicable State law (the Safe Body Art Act, California Health and Safety Code, Chapter 7 of Part 15 of Division 104, commencing with Section 119300).

Indicate the services you will be providing:

Tattooing Body Piercing Permanent Cosmetics Branding

I declare to the best of my knowledge the information I have provided is true and accurate. I agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety Code, Chapter 638 (Safe Body Art Act), and all applicable County and City Ordinances. **I also agree to notify this office within 30 days of any changes in the above information.**

The Body Art Practitioner Registration shall be posted in a conspicuous place within the facility.

Print Name/Title _____ Signature _____ Date _____

For office use only:

PE # _____ PR # _____ Issue Permit _____ Requested By _____

Cash Check/Credit Card Trans# _____ Date rec'd _____ by _____ Amount rec'd \$ _____

ID Verified Vaccine Verified Comments _____