



Siskiyou County Environmental Health Division
806 South Main Street, Yreka, CA 96097
Telephone 530-842-8200 FAX 530-841-4076

BODY ART PRACTITIONER APPLICATION

(Incomplete applications will not be accepted)

☐ NEW APPLICATION	☐ ANNUAL REGISTRATION RENEWAL
Required: • Completed body arts practitioner application • Proof of age (must be older than 18) • A copy of your current Bloodborne Pathogen Certificate of Training • Proof of Hepatitis B vaccination • \$30.00 registration fee	• A copy of your current Bloodborne Pathogen Certificate of Training • Proof of Hepatitis B vaccination • \$30.00 registration fee

I. GENERAL PRACTITIONER INFORMATION

FULL LEGAL NAME:	PHONE NUMBER:
MAILING ADDRESS:	CITY:
EMAIL:	STATE: ZIP CODE:

II. FACILITY NAME INFORMATION

List all establishments where you currently or are planning to engage in tattooing, body piercing, permanent cosmetics, or branding.

FACILITY NAME:	ADDRESS:	CITY, ZIP CODE:	BUSINESS PHONE #

III. TYPE OF SERVICE TO BE PERFORMED: (Select all that apply)

☐ TATTOO ☐ BODY PIERCING ☐ PERMANENT COSMETICS ☐ BRANDING

IV. REQUIRED DOCUMENTATION:

- A. Submit a copy of your current driver's license or I.D.
- B. Bloodborne Pathogen Training: Practitioner must use a training listed on Siskiyou County's Approved Bloodborne Pathogen Trainings. Provide training information and submit certificate.
Date completed: _____ Training provided by: _____
- C. Hepatitis B Vaccination Status: Choose one and submit documentation
- | | |
|---|---|
| ☐ Certification of Completed Vaccination | ☐ Laboratory Evidence of Immunity |
| ☐ Contraindicated for Medical Reasons | ☐ Vaccination Declination (provide signed copy of Voluntary Declination) |

☐ **By checking this box, you are certifying that you have read, have knowledge, and commitment to meet the applicable state law (the California Safe Body Art Act, California Health and Safety Code, Chapter 7 of Part 15 of Division 104, commencing with Section 119300).**

I declare under penalty of perjury the information on this application and in other materials submitted in support of this application is true and correct. I hereby consent to all necessary inspections conducted pursuant to the California Health and Safety Code.

I understand that submittal of incorrect information will result in rejection of this application for the practitioner to operate within Siskiyou County.

I am responsible for maintaining a current Bloodborne Pathogen Certification and providing an updated certification to Siskiyou County Environmental Health annually. I understand this registration for which I am applying will remain valid only when these stated conditions are met.

Print Name

Signature

Date

FOR OFFICE USE ONLY

☐ Approved	☐ Denied
Comments: _____ _____ _____	Comments: _____ _____ _____
Reviewed By:	Date:

CMHC #	Fee Paid:	Receipt #:
Check #	Date received:	Received by: