



ENVIRONMENTAL MANAGEMENT DEPARTMENT

<http://www.edcgov.us/EMD/>

PLACERVILLE OFFICE:
2850 Fairlane Court, Bldg. C
Placerville, CA 95667
(530) 621-5300
(530) 642-1531 Fax

LAKE TAHOE OFFICE:
924 B Emerald Bay Road
South Lake Tahoe, CA 96150
(530) 573-3450

Body Art Practitioner Registration Application

(Becomes Registration or Permit when Approved)

TYPE OF SERVICE: (Check all that apply)

Tattoo Body Piercing Branding Permanent Cosmetics

GENERAL PRACTITIONER INFORMATION

FULL LEGAL NAME _____ DATE OF BIRTH (Must be 18 or older) _____

MAILING ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE NUMBER _____ EMAIL ADDRESS _____

Are you registered as a practitioner in El Dorado County? Yes: Registration No. _____ No

Are you registered as a practitioner in another city or county within the State of California? Yes: Registration No. _____ No

Are you a first time registrant in El Dorado County? If yes, provide a minimum 6 month work history where you have engaged in the practice of body art. Yes No

Facility Name _____ Contact Name _____ Business Phone _____ Month/YR to Month/YR _____

Facility Name _____ Contact Name _____ Business Phone _____ Month/YR to Month/YR _____

PLEASE LIST THE ESTABLISHMENT AT WHICH YOU WILL BE WORKING (for practitioner registration renewals to El Dorado County, provide any change in your establishment location; otherwise note "Same Establishment")

FACILITY NAME _____ ADDRESS _____

PHONE NUMBER _____ EMAIL ADDRESS _____

PROVIDE A COPY OF THE FOLLOWING REQUIRED DOCUMENTATION AB300 119306 (a) (b) (2) (7)

First time El Dorado County registrants only, and any California Registered Practitioners with a change in Hepatitis B status

Hepatitis B Vaccination Hepatitis B Immunity Hepatitis B Boosters Hepatitis B Declination BBP Training Certification Practitioner Registration (if registered from other jurisdiction)

I hereby certify that all statements made in the application are true and correct. I authorize investigation of all matters contained in this application. I understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of practicing Body Art procedures within the county. I agree to operate in accordance with all applicable state and local regulations regarding Body Art procedures and agree to maintain a current certification in Bloodborne Pathogen Exposure Control Training.

Print Name: _____ Signature: _____ Date: _____

Office Use

Approve Application **Approval Date:** _____ Reject Application

Inspector's Signature: _____ **Expiration Date:** _____ **Rejection Date:** _____

Application Fee Hep B Documentation Hep B Declination Valid BBP Certification Previous Registration Documentation