



**DEPARTMENT OF ENVIRONMENTAL HEALTH
CONSUMER PROTECTION DIVISION**

1555 Berger Drive, Suite #300 • San Jose, CA 95112

Main line: (408) 918-3400

Email: bodyart@deh.sccgov.org

Website: deh.santaclaracounty.gov

BODY ART PRACTITIONER REGISTRATION

TYPE OF SERVICE(S) PROVIDED:

TATTOO BODY PIERCING PERMANENT COSMETICS BRANDING OTHER: _____

PRACTITIONER

Full Legal Name (Please Print) _____ Phone _____

Billing Address _____ City _____ State _____ Zip _____

Email Address _____

REQUIRED DOCUMENTATION (Submit with form):

- Copy of ID or Passport (Proof practitioner is over age 18) Hepatitis B Vaccination / Declination (select one)
 Bloodborne Pathogen Training (BBP) Certificate Passport Type Photograph
BBP Provider Name _____ Issue Date _____

FACILITY INFORMATION

Facility Business Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Business Owner Phone _____

Business Owner Name _____

Business Owner Signature _____ Date _____

By signing above, I attest that I am the owner of this business. The practitioner listed above will be performing body art at my permitted facility listed here. I will notify Santa Clara County Department of Environmental Health if this Body Art Practitioner is no longer practicing body art at my permitted facility. My permitted facility can accommodate this Body Art Practitioner.

The undersigned hereby certifies all of the information provided on this application is true and accurate and agrees to notify County of Santa Clara Department of Environmental Health of any changes that occur including the type of service(s) provided, name, business location, billing address, and/or closing of body art practice.

The undersigned hereby applies for a Practitioner Registration and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of the required registration fee and outstanding inspection fee balance, if any, to secure a valid registration is required before commencing or continuing operations. Failure to do so may result in a fines, penalties, registration suspension/revocation, and/or referral for legal action.

PRACTITIONER REGISTRATION IS NOT TRANSFERABLE

Applicant Name (please print): _____

Signature of Applicant: _____ Date _____

OFFICIAL USE ONLY

NEW PRACTITIONER UPDATE

PREVIOUS NAME OF FACILITY/BUSINESS _____

COMMENTS _____ DESIGNATED EMPLOYEE _____

FA# _____

PHOTO ID YES NO

APPROVED DISAPPROVED

BY _____ EMP# _____ DATE _____ SUPERVISOR _____ DATE _____