BLOODBORNE PATHOGEN EXPOSURE CONTROL TRAINING PROVIDER – UPDATE FORM

ENVIRONMENTAL HEALTH DIVISION

BODY ART PROGRAM

5050 Commerce Drive, Baldwin Park, CA 91706-1423
www.publichealth.lacounty.gov/eh
(626) 430-5570

County of Los Angeles Public Health

Please fill out each section completely and legibly. Return this renewal form to bodyartprogram@ph.lacounty.gov. Incomplete and illegible renewal forms will not be accepted.

Date of Request: _____

BUSINESS INFORMATION

CURRENT	NAME OF BUSINESS:			CHANGE TO	NAME OF BUSINESS:		
	BUSINESS PHONE #:				BUSINESS PHONE#:		
	BUSINESS ADDRESS:				BUSINESS ADDRESS:		
	CITY:	STATE:	ZIP CODE:		CITY:	STATE:	ZIP CODE:
	BUSINESS EMAIL:				BUSINESS EMAIL:		

OWNER INFORMATION

CURRENT	LEGAL OWNER:	CHANGE TO	LEGAL OWNER:
	OWNER PHONE #:		OWNER PHONE #:

BILLING/MAILING INFORMATION

CURRENT	BILLING CONTACT NAME:			CHANGE TO	BILLING CONTACT NAME:		
	BILLING MAILING ADDRESS:				BILLING MAILING ADDRESS:		
	CITY:	STATE:	ZIP CODE:		CITY:	STATE:	ZIP CODE:

TRAINING WEBSITE

WEBSITE ADDRESS:	TEMPORARY ACCESS CODE:
IDENTIFY SECTIONS THAT HAVE BEEN UPDATED:	
COMPLETION CERTIFICATE: ☐ Same layout ☐ New layout (Provide sample)	

ACKNOWLEDGEMENT

I certify that I am the owner or authorized representative and all the information above is true to the best of my knowledge.

Name: _____ Title: _____

Signature: _____ Date: _____

FOR OFFICE USE

DATE RECEIVED:	APPROVED BY: