BODY ART EMPLOYMENT VERIFICATION

Environmental Health Division
5050 Commerce Drive
Baldwin Park, CA 91706
www.publichealth.lacounty.gov/EH | (888) 700-9995

Please complete each section of this form fully and legibly. Return the completed employment verification form with the Body Art Practitioner Registration packet. For questions, contact the Body Art Program at (626) 430-5570 or bodyartprogram@ph.lacounty.gov.

WORKPLACE REQUIREMENT

California Safe Body Art Act ***Section 119306(a)*** states that a person shall not perform body art at any location other than a permitted permanent or temporary body art facility.

BODY ART PRACTITIONER INFORMATION

Practitioner Name (First, Middle, Last):	**Registration #:**
Practitioner Address:	
Mobile Phone #:	**Email:**

BODY ART FACILITY INFORMATION (COMPLETE BY OWNER)

Business Name:	**Public Health Permit (PHP):** **PR#:** **FA#:**
Business Address:	**Business Phone #:**
Owner Name (First, Middle, Last):	**Mobile Phone #:**

ACKNOWLEDGEMENT

Under penalty of perjury, I hereby declare that I am the **legal owner** of the above **permitted** body art facility and confirm that the listed practitioner is working at my facility. I understand that it is my responsibility to inform the Body Art Program if the practitioner is no longer working at my facility.

Print Name: _____ **Email:** _____

Signature: _____ **Date:** _____

OFFICE USE ONLY

REVIEWED BY:	**DATE:**	**PHP STATUS:** ☐ **CURRENT** ☐ **EXPIRED BALANCE DUE $**_____