BODY ART PRACTITIONER REGISTRATION/RENEWAL

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

County of Los Angeles Public Health

For questions, contact the Body Art Program at (626) 430-5570 or bodyartprogram@ph.lacounty.gov.

DATE OF REQUEST:	NAME AND TITLE OF PERSON SUBMITTING:	
PHONE #:	E-MAIL ADDRESS:	PRIOR REGISTRATION NUMBER:

PROCEDURE TO BE PERFORMED *(Check all that apply)*

☐ TATTOOING ☐ BODY PIERCING ☐ PERMANENT COSMETICS ☐ BRANDING

APPLICATION INFORMATION

Name:		Date of Birth:
Mailing Address:	City:	Zip:
Phone #:	Alternative Phone #:	E-mail Address:
CA Driver's License #:	Alternate ID Information:	

FACILITY PERMITTED

Location of where you practice

Business Name:		Phone #:
Address:	City:	Zip:
Owner/Manager Name:	Owner/Manager Phone #:	

SECTION 1: COMPLETION OF BLOODBORNE PATHOGEN TRAINING

Date Completed ***(within 12 months)***: _____

Training Provided by ***(must be an approved Los Angeles County provider)***: _____

SECTION 2: HEPATITIS B VACCINATION STATUS *(choose one)*

☐ Certification of Completed Vaccination
☐ Contraindicated for Medical Reasons
☐ Laboratory Evidence of Immunity
☐ Vaccination Declination ***(complete Los Angeles County declination form)***

SECTION 3: SUBMIT REQUIRED DOCUMENTS AND PAYMENT WITH THIS FORM

Documents must be received within 14-days from date of payment receipt. Incomplete application package will not be processed.

- ☐ Application fee of $54.00
- ☐ Copy of a valid government issued photo identification (practitioner must be 18 years of age or older).
- ☐ Proof of completion of a Los Angeles County Approved - Bloodborne Pathogen Exposure Control training.
- ☐ Hepatitis B vaccination status or provide a signed Los Angeles County declination form.
- ☐ Employee Verification Form
- ☐ One (1) recent Passport-Style color photograph, taken within 30 days *(2 x 2 inches (51 x 51 mm) Head must be between 1 -1 3/8 inches (25 - 35 mm) from the bottom of the chin to the top of the head.*

SECTION 4: ACKNOWLEDGEMENT

Under penalty of perjury, I hereby declare that the information contained within the application is complete, true, and accurate. I understand the fee is **NON-REFUNDABLE** and the application is **NON-TRANSFERABLE**. I understand a valid and current registration allows me to work at a permitted permanent or temporary body art facility in Los Angeles County and is valid in another CA jurisdiction for no more than five (5) consecutive days, or 15 days total, in any one calendar year.

Per California Safe Body Art Act Article 3 Section 119306, I understand and will commit to follow state law and relevant local regulations pertaining to body art safety.

I understand that an incomplete application package will not be processed, and I have 14-days to submit pending documents from date of application submission. Failure to comply shall result in additional application fee.

Print Name: _____ **Signature:** _____ **Date:** _____

APPLICATION SUBMISSION AND PAYMENT

Body Art Practitioner Registration/Renewal can be submitted in-person or by mail.

IN-PERSON:
Schedule an appointment, available:
Monday - Friday, from 8:00 a.m. to 3:30 p.m.

Location:
Body Art Program
5050 Commerce Drive
Baldwin Park, CA 91706
(626) 430-5570

MAIL:
Make Check, Cashier's Check, or Money Order payable to: **County of Los Angeles**

Mail application and payment to:
Department of Public Health
Attention: Community Health
Program 5050 Commerce Drive
Baldwin Park, CA 91706

FOR OFFICE USE

CONTACT OFFICE	PAYMENT	REGISTRATION
	Amount Paid _____ Receipt #: _____ ☐ Cash ☐ Check # _____ Date paid: _____ Cashier's Initials: _____	**NUMBER SR:** _____ **INVOICE #:** _____ **Reviewed by:** _____