



Environmental Health Division

Body Art Practitioner Registration Application



Ukiah Office: 860 N Bush Street
Ph: 707-234-6625

Fort Bragg Office: 120 W Fir Street
Ph: 707-961-2417

enviroh@mendocinocounty.gov

Name: _____

Mailing Address: _____

Business Address (Location of Practice): _____

Phone Number: _____ **Email:** _____

Current Hepatitis B Vaccination Documentation Attached? Yes No
(If not providing Hepatitis B vaccination documentation, provide current OSHA Hepatitis B declination form)

Current OSHA Bloodborne Pathogen Training Documentation attached? Yes No

Verification that Practitioner is at least eighteen years of age attached? Yes No

State regulations knowledge (provided handout)? Yes No

First time registrant's experience of six months (if more than one facility, please attach a list):

Facility Name: _____

Facility Address: _____

Dates: _____

Type of Experience: _____

Supervisor(s) Name: _____ **Phone:** _____

OR

Attached documentation of registration in another jurisdiction? Yes No

Services Providing? (Check All Applicable): Tattooing Piercing Permanent Cosmetics Branding

Applicant Signature: _____ **Date:** _____

DO NOT WRITE BELOW — FOR EH OFFICE USE

<p>Approved By: _____</p> <p>Permit Issue Date: _____</p>	<p style="text-align: center;">Payment Information:</p> <p>Date Rec'd: _____ Payment #: _____</p> <p>Amount Rec'd: _____ Rec'd By: _____</p>
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