



# County of San Diego

## DEPARTMENT OF ENVIRONMENTAL HEALTH FOOD AND HOUSING DIVISION

5500 Overland Ave., Suite # 170, San Diego, CA 92123  
P. O. Box 129261, San Diego, CA 92112-9261  
(858) 505-6666 | (800) 253-9933 | [www.sdcdeh.org](http://www.sdcdeh.org)



### APPLICATION FOR BODY ART PRACTITIONER REGISTRATION

TO PERFORM TATTOOING, BODY PIERCING, BRANDING, AND PERMANENT COSMETICS

Pursuant to California Health and Safety Code, Chapter 7, Sections 119306 and 119307 and  
San Diego County Code Sections 65.107 and 66.304

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Applicant Phone #: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Body Art Site Name (all locations): \_\_\_\_\_

Body Art Site Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please indicate the services you will be providing:  Tattooing  Permanent Cosmetics  Body Piercing  Branding

First Time Registrant:  Yes  No

Identification (Age 18 or older?):  Yes  No

Would you like this to be an annual Registration?  Yes  No (one-time registration)

Identification Type:  Driver's License  Government ID  Other: \_\_\_\_\_

#### Hepatitis B Vaccination Documentation:

Certification of Completed Vaccination  Laboratory Evidence of Immunity  Vaccination Declination

Bloodborne Pathogen Training Proof Available (attach copy of certificate):  Yes  No

Training Provider: \_\_\_\_\_ Approved Trainer:  Yes  No Training Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please note that submittal of this application does not constitute the issuance of a Body Art Practitioner Registration Certificate.

The undersigned hereby applies for a Body Art Practitioner Registration. I declare under penalty of perjury that to the best of my knowledge and belief, the information I have provided is true and accurate. I understand that to become and remain registered and eligible to provide Body Art services in San Diego County, I must pay the annual registration fee established by the County under applicable law. I also agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety Code and all applicable County and City Ordinances.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature