



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



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