

Body Art Program

Alameda County Department of Environmental Health Solid/Medical Waste Management 1131 Harbor Bay Parkway, Alameda, CA. 94502 Phone: (510)567-6790 Fax: (510) 337-9234

https://deh.acgov.org/index.page

BODY ART PRACTITIONER REGISTRATION CARD REPLACEMENT FORM

INSTRUCTIONS: Please use this form when requesting a replacement Body Art Practitioner Registration Card that has been lost, stolen, or damaged. A fee will be assessed for a replacement card.

	REASON FOR REPLACEMEN	TI OARD	
□Los	T 🗆 STOLEN	☐ DAMAGED	
	PRACTITIONER INFORMA	TION	
PRACTITIONER NAME (PRINT):			
FACILITY NAME:			
FACILITY ADDRESS:	CITY:	STATE:ZIP CODE:	
HOME ADDRESS:	CITY:	STATE:ZIP CODE:	
EMAIL ADDRESS:		PHONE NUMBER:	
IGNATURE:		DATE:	
		DATE:	
PRINT NAME / TITLE:ignature on this form indicates agreeme		DATE:(mm/dd/yyyy) is in accordance to Title 6 of the Alameda Count	
PRINT NAME / TITLE:			
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RINT NAME / TITLE:ignature on this form indicates agreeme		is in accordance to Title 6 of the Alameda Count	
RINT NAME / TITLE:ignature on this form indicates agreeme	ent to comply with applicable statutes. Fee	is in accordance to Title 6 of the Alameda Count	