

DATE PAID:

AMOUNT PAID:

## **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

## DDACTITIONED

BODY ART PRACTI	HUNER REGIS		
TYPE OF SERVICE:		TYPE OF APPLIC	
☐ TATTOO ☐ BODY PIERCING ☐ PERMANENT CO	SMETICS   BRANDING	□ NEW □	RENEWAL
GENERAL PRACTITIONER INFORMATION:			
FULL NAME (Please Print):(Last Name)	(First Name)	/A 45 - L-11 - L-25	4: -1)
(Last Name)	(First Name)	(Middle Ini	tiai)
HOME ADDRESS:	CITY:	STATE:	ZIP CODE:
MAILING ADDRESS:	_CITY:	STATE:	ZIP CODE:
EMAIL ADDRESS:DATE OF BIRTH (Must be 18 or older):			
HOME PHONE NUMBER:	CELL PHONE NUMBER:		
Are you a registered practitioner in Alameda County?   Yes   No If Yes, please provide PR#:			
Are you registered as a practitioner in another city or county i	n California? ☐ Yes ☐ N	No If Yes, what cou	inty?
REQUIRED REGISTRATION DOCUMENTS:			
☐ Hepatitis B – Hepatitis B Vaccination / Immunity / Booster	s / Declination (Please circle	ONE and provide s	upporting documentation)
☐ Bloodborne Pathogen Training Certification (Provider mus	st be on the approved list) –E	Expiration Date:	
☐ Passport Size Photo (2"x2") or Electronic Photo for the Re	egistration Card 🔲 Co	onsent Form / Medic	cal Questionnaire
☐ Copy of Driver's License or other Government Issued ID C	ard		
☐ Post Procedure Instructions	☐ Permit Fee		
OTHER REQUIRED DOCUMENTS:			
☐ Business License ☐ Video of Setup and Bro	eak Down of Body Art Proced	dure	
BODY ART FACILITY WORK LOCATIONS IN ALAMEDA	COUNTY (REQUIRED) -	ATTACH ADDITIO	NAL PAGES IF NEEDED:
NAME OF BODY ART FACILITY #1:			
FACILITY ADDRESS:	CITY:	STATE:	ZIP CODE:
EMAIL ADDRESS:	PHONE NUMBER:		
NAME OF BODY ART FACILITY #2:			
FACILITY ADDRESS:		STATE:	ZIP CODE:
EMAIL ADDRESS:			
Note: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. If may not be refundable. Practitioner registration is not transferable froworking at a new location.	Facilities must be permitted othe	rwise your application	will not be processed and fees
I hereby certify that all statements made in the application and inform accordance with all applicable state and local regulations. I agree to (Section 119307).			
	NAME:		ΓE:
Signature on this form indicates agreement to comply with all applica	ble statutes. Fee is in accordance	ce to Title 6 of the Alan	neda County Ordinance Code.
FOR OFFICIAL USE ONLY			
FA#PR#	ENVIRONMENTAL HEALTH SPECIALIST:		
	□ APPROVED □ NOT APPROVED DATE:		