



# County of Yolo

COMMUNITY SERVICES DEPARTMENT

Environmental Health Division

292 W. Beamer Street, Woodland, CA 95695  
 PHONE - (530) 666-8646 FAX - (530) 669-1448

## APPLICATION FOR BODY ART PRACTITIONER REGISTRATION

To Perform Tattooing, Body Piercing, Branding and Permanent Cosmetics

Pursuant to California Health and Safety Code, Chapter 7, Article 4, Sections 119306 and 119307

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Applicant Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Applicant Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Body Art Facility Name \*: \_\_\_\_\_  
 Body Art Facility Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Body Art Facility Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 \*List all names of the facility you practice at.

Servicing being provided:  Tattooing  Body Piercing  Permanent Cosmetics  Branding  
 First Time Registrant in Yolo County:  Yes  No  
 Identification (Age 18 or older?):  Yes  No Type of Identification: \_\_\_\_\_

Hepatitis B Vaccination Documentation:  
 Certification of Completed Vaccination  Laboratory Evidence of Immunity  Vaccination Declination  
 Bloodborne Pathogen Training Proof Available:  Yes  No  
 Training Provided: \_\_\_\_\_ Training Date: \_\_\_\_\_

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 serviced in Yolo County, I must pay the annual registration fee established by the County under applicable law. I also agree to conform to all conditions, order, and direction issued pursuant to the California Health and Safety Code.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 PRINTED NAME \_\_\_\_\_

FOR OFFICE USE ONLY		Approved By	Registration #
Amount Paid	Date	Date Approved	FA #
Check Number	<input type="checkbox"/> Credit <input type="checkbox"/> Cash	Condition of Approval	PE #
Receipt Number			