



BODY ART PRACTITIONER REGISTRATION/RENEWAL

Environmental Health Division

5050 Commerce Drive, Baldwin Park, CA 91706

www.publichealth.lacounty.gov/eh

BODY ART PROGRAM (626) 430-5570



DATE OF REQUEST:	NAME AND TITLE OF PERSON SUBMITTING:	
PHONE #:	E-MAIL ADDRESS:	PRIOR REGISTRATION NUMBER:

PROCEDURE TO BE PERFORMED *(Check all that apply)*

- TATTOOING
 BODY PIERCING
 PERMANENT COSMETICS
 BRANDING

APPLICANT INFORMATION	Name:		Date of Birth:	
	Mailing Address:		City:	Zip:
	Phone #:	Alternative Phone #:	E-mail Address:	
	CA Driver's License #:		Alternate ID Information:	

PERMITTED FACILITY	Location of where you practice			
	Business Name:		Phone #:	
	Address:		City:	Zip:
	Owner/Manager Name:		Owner/Manager Phone #:	

SECTION 1: COMPLETION OF BLOODBORNE PATHOGEN TRAINING

Date Completed *(within 12 months)*: _____

Training Provided by *(must be an approved Los Angeles County provider)*: _____

SECTION 2: HEPATITIS B VACCINATION STATUS *(choose one)*

- Certification of Completed Vaccination
 Contraindicated for Medical Reasons
 Laboratory Evidence of Immunity
 Vaccination Declination *(complete Los Angeles County declination form)*

SECTION 3: SUBMIT REQUIRED DOCUMENTS AND PAYMENT WITH THIS FORM

Documents must be received within 14-days from date of payment receipt. Incomplete application package will not be processed.

- Application fee of \$54.00
 Copy of a valid government issued photo identification (practitioner must be 18 years of age or older).
 Proof of completion of a Los Angeles County Approved - Bloodborne Pathogen Exposure Control training.
 Hepatitis B vaccination status or provide a signed Los Angeles County declination form.
 One (1) recent Passport-Style photograph, taken within 30 days *(2 x 2 inches (51 x 51 mm) Head must be between 1 - 1 3/8 inches (25 - 35 mm) from the bottom of the chin to the top of the head).*

SECTION 4: ACKNOWLEDGEMENT

Under penalty of perjury, I hereby declare that the information contained within the application is complete, true, and accurate. I understand the fee is **NON-REFUNDABLE** and the application is **NON-TRANSFERABLE**.

I understand a valid and current registration allows me to work at a permitted permanent or temporary body art facility in Los Angeles County and is valid in another CA jurisdiction for no more than five (5) consecutive days, or 15 days total, in any one calendar year.

Per California Safe Body Art Act Article 3 Section 119306, I understand and will commit to follow state law and relevant local regulations pertaining to body art safety.

I understand that an incomplete application package will not be processed, and I have 14-days to submit pending documents from date of application submission. Failure to comply shall result in additional application fee.

Print Name: _____ Signature: _____ Date: _____

APPLICATION SUBMISSION AND PAYMENT

The body art practitioner registration/renewal can be submitted in person, by mail, or online.

- If submitting online, an invoice will be generated and emailed to you along with payment instructions.
- Do not submit your payment until you have received an invoice.
- Include your account (AR) and invoice (IN) number if paying by mail.

IN-PERSON:

Schedule an appointment. Appointments are available Monday through Friday, from 8:00 a.m. to 3:30 p.m., at the Baldwin Park location:

Body Art Program
5050 Commerce Drive
Baldwin Park, CA 91706
(626) 430-5570

ONLINE:

Submit a completed application with required documents to bodyartprogram@ph.lacounty.gov. An invoice will be emailed back with additional instructions.

MAIL:

Mail application and payment to:
Department of Public Health
Attention: Community Health Program
5050 Commerce Drive
Baldwin Park, CA 91706

Make Check, Cashier's Check, or Money Order payable to: **County of Los Angeles**.

FOR OFFICE USE

CONTACT OFFICE

PAYMENT

REGISTRATION NUMBER

Amount Paid _____
Receipt #: _____
 Cash Check # _____
Date paid: _____
Cashier's Initials: _____

SR: _____

INVOICE #: _____

Reviewed by: _____