TEMPORARY BODY ART PRACTITIONER REGISTRATION APPLICATION
*(Each practitioner not registered in Sonoma County must submit this **application**
and **registration fee** at least 14 days prior to the event)*

Name of the event:_____ Dates of the event:_____to_____
Applicants name:_____ Business/Booth name:_____
Mailing address:_____City:_____State:_____Zip:_____
Telephone:_____Fax:_____Email:_____
Indicate which services you are providing: ☐tattooing ☐piercing ☐branding ☐permanent cosmetics

Submit a copy of the certificate confirming your registration as a body artist in California with this application. All practitioners must possess a current and valid body art practitioner registration issued from a jurisdiction within the state of California.

If you **are not** currently registered in California, please provide copies of the following documents with this application. This supporting documentation is considered part of the application.

1. A copy of a certificate demonstrating completion of OSHA Bloodborne Pathogen Training (that is specific to your practice) within the past 12 months.
2. Evidence of current hepatitis B vaccination, unless you can demonstrate hepatitis B immunity, or a hepatitis B declination form.
3. Evidence that you are at least 18 years of age. A copy of a picture I.D. such as a driver's license will suffice.
4. Evidence that you have at least six months of related experience. Include dates, name and location of work, and name and contact information of the supervisor or owner of the facility.

Please display your "Temporary Event Practitioner Registration" in your booth during the event.

Body Art Practitioner Acknowledgement
I declare that to the best of my knowledge and belief, the statements made herein are correct and true. I am responsible for knowing and complying with the regulations pertaining to the practice of body art contained in the California Health & Safety Code, Chapter 638 (Safe Body Art Act). I hereby consent to all necessary inspections made pursuant to the California Health and Safety Code.

I understand that failure to meet the conditions identified in this application or failure to comply with requirements set forth in the California Health and Safety Code, Chapter 638, may result in the suspension of my approval to operate and/or an administrative fine.

I understand that once the application is reviewed, the **registration fee** is non-refundable.

Name:_____Signature:_____Date:_____

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For office use only:

PE # _____   PR # _____   Issue Permit_____ Requested By_____

Comments _____

☐Cash ☐Check/Credit Card Trans# _____   Date rec'd _____   by _____

Amount rec'd $_____