



# SUTTER COUNTY DEVELOPMENT SERVICES DEPARTMENT

Building Inspection  
Code Enforcement

Engineering/Water Resources  
Environmental Health

Planning  
Road Maintenance

## BODY ART APPRENTICE NOTIFICATION

### TYPE OF SERVICE:

TATTOO

PERMANENT COSMETICS

BODY PIERCING

BRANDING

APPRENTICE

Full Legal Name \_\_\_\_\_ Date of Birth (must be 18 or older) \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address (Street, City, State, Zip) \_\_\_\_\_

Billing Address (Street, City, State, Zip) \_\_\_\_\_

Duration of Apprenticeship: From \_\_\_\_\_ To \_\_\_\_\_

SPONSOR

Facility Name \_\_\_\_\_ Phone \_\_\_\_\_

Facility Address (Street, City, State, Zip) \_\_\_\_\_

Facility Owner \_\_\_\_\_

Artist Sponsor Name \_\_\_\_\_ Registration # \_\_\_\_\_

Please provide the following documentation:

Hepatitis B      Vaccination / Immunity / Boosters / Declination  
(Please circle one)

BBP Training Certification consistent with OSHA and AB 300

I hereby certify that as a sponsor, I will supervise all activities related to body art and take responsibility for completion of all training as related to AB 300, the Safe Body Art Act. If / when an apprentice begins practicing on clients in the body art facility, notification will be provided to the Sutter County Development Services Environmental Health Division.

Apprentice signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor signature \_\_\_\_\_ Date \_\_\_\_\_

Facility Owner signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by (REHS signature) \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE POST IN FACILITY

(DETACH AND BRING THIS PORTION TO SUTTER COUNTY ENVIRONMENTAL HEALTH DIVISION AT THE TIME OF PRACTITIONER REGISTRATION)

I certify that \_\_\_\_\_ (Full Name)  
has successfully completed his / her \_\_\_\_\_ (Type of Training)  
apprenticeship located at: \_\_\_\_\_ (Street, City, State, Zip)

Sponsor signature \_\_\_\_\_ Date \_\_\_\_\_