



SUTTER COUNTY DEVELOPMENT SERVICES DEPARTMENT

Building Inspection
Code Enforcement

Engineering/Water Resources
Environmental Health

Planning
Road Maintenance

BODY ART PRACTITIONER REGISTRATION/RENEWAL

New Renewal

California Health and Safety Code Chapter 7, Section 119300, requires any person performing body art to register with the local enforcement agency.

Practitioner Name _____ Phone _____
Home Mailing Address/PO Box _____ Apt ____
City _____ State _____ Zip _____

Facility Name (and any additional facilities or events in which you are operating)	Address	Phone

Indicate the services you will be providing:

Tattooing Permanent Cosmetics Body Piercing Branding

As a condition of registration, the applicant shall provide copies of all the following:

- Evidence of current Hepatitis B vaccination, including applicable boosters, unless the practitioner can demonstrate Hepatitis B immunity, or a Hepatitis B declination form.
 - Hepatitis B vaccination or immunization records submitted previously
- Evidence of completion of OSHA Bloodborne Pathogen Training.
- Proof of 18 years of age or older (i.e., photocopy of valid driver's license or government issued identification card).

By checking this box, you are certifying that you have read, have knowledge of, and commitment to meet the applicable state law (The Safe Body Art Act, California Health and Safety Code, Chapter 7 of Part 15 of Division 104, commencing with Section 119300).

I declare that to the best of my knowledge, the information I have provided is true and accurate. I agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. **I also agree to have my certificate of registration available when performing body art procedures and to notify Sutter County Environmental Health within thirty (30) days of any changes in the above information.**

Practitioner Signature

Email Address

Print Name

Date

FOR OFFICE USE ONLY

Date Payment Received: _____ Amount: _____ Receipt No: _____ Rec'd By: _____

P:\Envir Health\Forms & Handouts\ENVIRONMENTAL HEALTH\BODY ART\Practitioner Registration Renewal Form - Dec 2020.docx