



1241 E. Dyer Road
Suite 120
Santa Ana
CA 92705
(714) 433-6000

COUNTY OF ORANGE HEALTH CARE AGENCY

BODY ART PRACTITIONER REGISTRATION APPLICATION

I. ARTIST INFORMATION

FACILITY ID#	F	A												P	R						BUSINESS START DATE		
CERTIFIED PROFESSIONAL ID#	P	I																				BODY ARTIST INITIAL REGISTRATION DATE	DATE OF BIRTH
APPLICANTS: LAST NAME		FIRST NAME					MIDDLE NAME			PHONE													
RESIDENTIAL ADDRESS										E-MAIL ADDRESS													
CITY			STATE		ZIP CODE		BUSINESS TYPE (tattoo, permanent cosmetics, piercing, branding, other)																
MAILING ADDRESS IF DIFFERENT FROM ABOVE																							
DBA/ BUSINESS LICENSE NAME																							
PRIMARY LOCATION OF PRACTICE (name, address and phone)																							

II. MOBILE BODY ART FACILITIES

MOBILE BODY ART VEHICLE OWNER												VEHICLE LICENSE PLATE NUMBER AND STATE					
VEHICLE PARKING LOCATIONS/ ADDRESS																	
CITY												STATE			ZIP CODE		

III. TEMPORARY BOOTHS

NAME AND LOCATION OF EVENT				DATES OF EVENT				PROMOTER BUSINESS NAME, CONTACT NAME, COMPLETE ADDRESS AND PHONE NUMBER													
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IV. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted, the information is true, accurate, and complete. I AGREE TO COMPLY WITH THE REQUIREMENTS OF THE CA SAFE BODY ART ACT AND MAKE APPLICATION FOR A BODY ART PRACTITIONER REGISTRATION.

SIGNATURE BODY ARTIST								DATE		NAME OF SIGNER (print)	
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V. REQUIRED ATTACHMENTS

1. PROVIDE DOCUMENTATION OF CURRENT/ ANNUAL BLOODBORNE PATHOGEN EXPOSURE CONTROL TRAINING PER CA SAFE BODY ART ACT (PROVIDED BY AN OCHCA APPROVED TRAINER). INCLUDE- NAME OF TRAINER, TRAINING DATES, AND NAME OF COURSE.
2. ATTACH A LIST OF SITES WHERE YOU WILL BE PERFORMING BODY ART ACTIVITIES. PROVIDE BUSINESS NAME, STREET ADDRESS, CITY/ZIP AND PHONE NUMBER OF ALL LOCATIONS IN ORANGE COUNTY WHERE YOU PRACTICE.
3. ATTACH A LIST OF ALL CURRENT REGISTRATIONS AND LICENSES FOR BODY ART ACTIVITIES. INCLUDE THE CITY, COUNTY AND LICENCE/REGISTRATION TYPE.

Office use Only		Verification of Age					Verification of Hepatitis B by Vaccination or Immunity or Current OSHA Hepatitis B Declination Form									
REGISTRATION APPROVED BY (specialist signature)							DATE					EXPIRATION DATE				
Accounting use only:		HS0#			Ck/MO#			Date			Amount			Initials		