



CONTRA COSTA
ENVIRONMENTAL HEALTH DIVISION
 2120 DIAMOND BOULEVARD, SUITE 100
 CONCORD, CA 94520
 (925) 608-5500 (925) 608-5502 FAX
www.cchealth.org/eh/



BODY ARTS TEMPORARY PRACTITIONER APPLICATION

Registration expires 15 days from start of event/class

(Incomplete applications will not be accepted)

- Operating at:** Temporary Event Body Arts School Permitted Facility
- Application for:** Tattooing Piercing Permanent Cosmetics Branding

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| Submit the following (required): |
| <input type="checkbox"/> Completed Body Arts Temporary Practitioner Application form with signature. |
| <input type="checkbox"/> A copy of your current Contra Costa EH Approved Bloodborne Pathogen Certificate of Training. |
| <input type="checkbox"/> Proof of Hepatitis B vaccination or a Hepatitis B declination form . |
| <input type="checkbox"/> Proof practitioner is over age 18 – copy of photo ID. |
| <input type="checkbox"/> Registration fee of \$100.00 and \$45.00 application fee. Fees are subject to change. Please see the current fee schedule . |

A. Practitioner Address:

| | | |
|---|----------|--------|
| PRACTITIONER NAME (As it appears on Driver's License or Federal Tax ID): | | |
| PRACTITIONER HOME ADDRESS: | | |
| CITY/STATE/ZIP CODE: | PHONE #: | FAX #: |
| EMAIL ADDRESS: Email address provided must be able to accept email from external email address . | | |

B. Facility or Event Address:

| | | |
|--------------------------|----------|--------|
| NAME OF EVENT OR SCHOOL: | | |
| EVENT COORDINATOR: | PHONE #: | |
| STREET ADDRESS: | | |
| CITY/STATE/ZIP CODE: | PHONE #: | FAX #: |

C. Accounts Receivable Address:

| | | |
|--|----------|--------|
| IN CARE OF (Billing office or Person in Charge): | | |
| BILLING ADDRESS: | | |
| CITY/STATE/ZIP CODE: | PHONE #: | FAX #: |

Please complete all pages of this form.

| FOR OFFICE USE ONLY | | | |
|---------------------------------|---|----------------|--------------|
| PI #: | AR #: | PR #: | REHS: |
| AMOUNT DUE: \$ 145.00 | AMOUNT PAID: | RECEIPT #: | RECEIVED BY: |
| CHECK#: | CASH/CC: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> D/C | DATE RECEIVED: | SUPERVISOR: |

FACILITY OR EVENT INFORMATION

LIST ALL ESTABLISHMENTS WHERE YOU ARE PLANNING TO ENGAGE IN TATTOOING, BODY PIERCING, BRANDING OR PERMANENT COSMETICS. **MUST BE A PERMITTED ESTABLISHMENT.**

| ISSUANCE DATE (START OF EVENT/CLASS) | END DATE (MAX. 15 DAYS) | DATE(S) PERFORMING ON CLIENTS |
|--------------------------------------|-------------------------|-------------------------------|
| | | |

THIS REGISTRATION IS TEMPORARY AND WILL EXPIRE WITHIN 15 DAYS OF ISSUANCE. REGISTRATION MUST BE COMPLETED 5 DAYS BEFORE EVENT/CLASS OR BE SUBJECT TO LATE FEES. APPROVED REGISTRATIONS WILL BE EMAILED TO THE PRACTITIONER AND EVENT SPONSOR.

The undersigned hereby certifies all of the information provided on this application is true and accurate and agrees to notify Contra Costa Environmental Health of any changes that occur including the type of business activity, name, business location, billing address, and/or cease practicing body art.

The undersigned hereby applies for a Temporary Registration and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of the required registration fee and outstanding inspection fee balance, if any, to secure a valid registration is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, infractions, registration suspension/revocation proceedings, and/or closure.

REGISTRATIONS ARE NOT TRANSFERABLE

Signature must be by the Practitioner. A manually signed copy of this application delivered by facsimile, email or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this application.

APPLICANT NAME (please print): _____

Signature of Applicant: _____ Date: _____