



BODY ART PRACTITIONER REGISTRATION APPLICATION

Type of Service (Please check the appropriate box):

☐ Tattoo

☐ Body Piercing

☐ Permanent Cosmetics

☐ Branding

SECTION 1: GENERAL PRACTITIONER INFORMATION

Full Legal Name: _____ Alias Name (if applicable): _____

Date of Birth (must be 18 or older): _____ Email: _____

SECTION 2: PRACTITIONER REGISTRATION STATUS

Have you previously registered as a practitioner in San Mateo County? ☐ Yes ☐ No

If yes, provide your BLA #: _____

SECTION 3: WORK LOCATION

California Health and Safety (H&S) Code Section 119306 (c)(5): The establishment/shop location within the County where you are planning to engage in tattooing, body piercing, or permanent cosmetics.

Facility Name: _____ Owner Name: _____

Shop Address: _____ City: _____ State: _____

Zip Code: _____ Cell Number: _____ Phone #: _____

SECTION 4: SELF CERTIFICATION H&S CODE SECTION 119306 (c)(4)

By typing or signing my name to this application: I hereby certify that all statements made in the application and information in the attached documentation is true and correct. I authorize investigation of all matters contained in this application. I understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of practicing body art procedures with the County boundary.

☐ I agree to operate in accordance with all applicable SBAA and Local Ordinance #04285 regulations.

☐ I have acquired the knowledge, experience, and training to perform body art procedures H&S Code Section 119306 (c) (4).

☐ I agree to maintain a current certification in Bloodborne Pathogen Exposure Control Training (BBP) H&S Code Section 119307.

Date: _____ Signature: _____

OFFICIAL USE ONLY

☐ EHART - Upload application to the applicant IA#.

NOTES: