



County of Yolo

COMMUNITY SERVICES DEPARTMENT

Environmental Health Division

292 W. Beamer Street, Woodland, CA 95695

Phone: (530) 666-8646 | Email: EHealth@yolocounty.gov

APPLICATION FOR BODY ART PRACTITIONER REGISTRATION

PRACTITIONER INFORMATION

First Name: _____ Last Name: _____

Mailing/Billing Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

BODY ART FACILITY INFORMATION

Facility Name: _____

Facility Phone #: _____ Email: _____

Facility Address: _____

City, State, Zip: _____

Do you work at more than one establishment? If yes, please list names of the facilities and complete address below:

SERVICES & IDENTIFICATION

Services being provided: Tattooing Body Piercing Permanent Cosmetics Branding

Identification (Age 18 or older?): Yes No (*You must be 18 or older to register*)

Type of Identification: Driver's License State ID Passport (*Please provide a copy with this application*)

HEPATITIS B VACCINATION DOCUMENTATION

Certification of Completed Vaccination Laboratory Evidence of Immunity Vaccination Declination

Bloodborne Pathogen (BBP) Training Proof Available: Yes (*Attach copy*) No (*You must obtain to register*)

Training Provided: _____ Training Date: _____ BBP Expiration Date: _____

The undersigned hereby applies for a Body Art Practitioner Registration. I declare under penalty of perjury that to the best of my knowledge and belief, the information I have provided is true and accurate. I understand that to become and remain registered and eligible to provide Body Art service in Yolo County, I must pay the annual registration fee established by the County under applicable law. I also agree to conform to all conditions, order, and direction issued pursuant to the California Health and Safety Code.

Print Name: _____ Signature: _____ Date: _____

For Office Use Only

Date Rec'd:	FA:	Paid:	Date Approved:
Check/CC/Cash:	PE:	Receipt #:	Approved by: