



Environmental Health ❖ 625 5th Street, Santa Rosa, CA 95404 ❖ 707-565-6565 ❖ EH@sonoma-county.org
<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

TEMPORARY BODY ART PRACTITIONER REGISTRATION APPLICATION

Each practitioner not currently registered in Sonoma County must submit this application and registration fee at least 14 days prior to the event/class

Practitioner Name _____

Mailing address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Event or Class Name _____

Event or Class Address _____

Event or Class Dates: From _____ to _____ Booth Name/# _____

Indicate which services you are providing: Tattooing Piercing Branding Permanent Cosmetics

Submit a copy of the certificate confirming your registration as a body artist in California with this application. All practitioners must possess a valid body art practitioner registration issued from a jurisdiction within the state of California.

If you **are not** currently registered in California, please provide copies of the following documents with this application. This supporting documentation is considered part of the application.

- Evidence of completion of Bloodborne Pathogen Training with the last 12 months. Training must comply with the Safe Body Art Act, California Health and Safety Code, Chapter 7 of Part 15 of Division 104, commencing with Section 119300.** Links to approved courses are available at: <https://sonomacounty.ca.gov/Health/Environmental-Health/Body-Art/>
- Evidence of current hepatitis B vaccination, including applicable boosters, unless you can demonstrate hepatitis B immunity, or provide a hepatitis B declination form.
- Evidence that you are at least 18 years of age. A copy of a valid picture I.D. such as a driver's license or passport will suffice.

**Please display your "Temporary Event Practitioner Registration" in your booth during the event
OR bring it with you to your class.**

Body Art Practitioner Acknowledgement

I declare 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, Chapter 638 (Safe Body Art Act), and all applicable County and City Ordinances. I hereby consent to all necessary inspections made pursuant to the California Health and Safety Code.

I understand that failure to meet the conditions identified in this application or failure to comply with requirements set forth in the California Health and Safety Code, Chapter 638, may result in suspension of my approval to operate and/or administrative fines.

I understand that once the application is reviewed, the **registration fee** is non-refundable.

Name: _____ Signature: _____ Date: _____

For office use only:

PE # _____ PR # _____ Approved by _____ Entered by _____ Date _____

Cash Check Credit Card Trans# _____ Date Rec'd _____ by _____ Amount Rec'd \$ _____

Permit Valid from: _____ to _____ ID Verified Vaccine Verified Comments _____