CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

BUREAU OF ENVIRONMENTAL HEALTH – BODY ART PROGRAM

2525 Grand Avenue, Room 220, Long Beach, California 90815
Phone (562) 570-4129 Fax (562) 570-4038

BODY ART PRACTITIONER ANNUAL REGISTRATION FORM

I. PROCEDURES TO BE PERFORMED: Check all that apply (see back for definitions)

☐ Tattooing ☐ Body Piercing ☐ Permanent Cosmetics ☐ Branding

II. APPLICANT INFORMATION:

Name:_____ E-mail: _____

Mailing Address: _____County_____

City: _____ State: _____ Zip: _____ Phone/Cell Phone: _____

Date of Birth: _____ Gender: ☐Female ☐Male

Identification Type: ☐Drivers License ☐Other Identification No.:_____

Evidence of Six-months of Related Experience

Facility Name: _____

Address: _____ City/County: _____ State: _____

Service you Provided: _____

Supervisor Name and Contact Information: _____

Bloodborne Pathogen Training: *Submit Certificate*

Date Completed: _____ Training Provided by: _____

Hepatitis B Vaccination Status: *Choose One and Submit Documentation*

1 ☐ Certification of Completed Vaccination 3 ☐ Contraindicated for Medical Reasons

2 ☐ Laboratory Evidence of Immunity 4 ☐ Vaccination Declination

III. FACILITY LOCATION(S) WHERE YOU PRACTICE: (Attach additional sheets as necessary)

1. BUSINESS NAME: _____

Owner/Contact: _____ Phone: _____

Location address: _____

City: _____ State: _____ Zip: _____

2. BUSINESS NAME: _____

Owner/Contact: _____ Phone: _____

Location address: _____

City: _____ State: _____ Zip: _____

The undersigned hereby applies for a Body Art Practitioner Annual Registration and agrees to operate in accordance with all applicable state and local requirements governing safe body art practices.

I hereby certify that to the best of my knowledge and belief that the statements made herein are true and correct.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Program (PE): _____ Fees: _____ Authorized by (REHS): _____ _____