



**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**  
**Fee: \$63.00**

**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 <input type="checkbox"/> Certification of Completed Vaccination | 3 <input type="checkbox"/> Contraindicated for Medical Reasons |
| 2 <input type="checkbox"/> Laboratory Evidence of Immunity        | 4 <input type="checkbox"/> 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): \_\_\_\_\_