

San Joaquin County Environmental Health Department

1868 East Hazelton Avenue Stockton, CA 95205 Tel: (209) 468-3420 Fax: (209) 464-0138

BODY ART FACILITY AND PRACTITIONER REGISTRATION/MECHANICAL STUD AND CLASP EAR PIERCING NOTIFICATION

Tattooing Branding	PERFORMED: Check all Body Piero Permanen	_	pack for definitions) Mechanical Stud and	l Clasp Ear Piercing	
1 Annual Bod	RATION, PERMIT, OR N y Art Practitioner Regis y Art Facility Permit	_	FEES: Check all that apply. Mechanical Stud and	Clasp Ear Piercing Notification	
III. APPLICANT INFOR	RMATION:				
NAME:			Phone:		
HOME ADDRESS:	States	Zini	Email:		
City:	State:	Zip:	County:		
Date of Birth:	ВОГ	OY ART PRACTI	TIONER ONLY Gender	: F or M (circle one)	
Identification Type:	Drivers License	Other	Identification No.:	: F or M (circle one)	
	Art Services Will be Pr		Identification No.:		
Facility Name:	AIT SELVICES WIII DE FI	ovided	Owner:		
Address:					
	nths of Related Experie	nce			
Facility Name:	Owner:				
Address:					
Service You Provided:					
Supervisor Name and	Contact Information:				
Bloodborne Pathoge	en Training: Submit Cer	rtificate			
Bloodborne Pathoge Date Completed:		rtificate raining Provided	by:		
Date Completed:		aining Provided	•		
Date Completed: Hepatitis B Vaccinat	Tr	raining Provided e and Submit D	•	or Medical Reasons	
Date Completed: Hepatitis B Vaccinat 1 Certification	Tr	raining Provided e and Submit D	ocumentation		
Date Completed: Hepatitis B Vaccinat Certification Laboratory E	tion Status: Choose One of Completed Vaccination vidence of Immunity N (S): (Attach additional	raining Provided e and Submit D	Contraindicated for Vaccination Declin		
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Date Completed: Hepatitis B Vaccinat Certification Laboratory E V. FACILITY LOCATIO 1. BUSINESS NAME: Location address: City: Owner/ Contact: 2. BUSINESS NAME: Location address: City: Owner/ Contact: The undersigned herebout and Ear Piercing Integration address governing and contact and conta	tion Status: Choose One of Completed Vaccination vidence of Immunity N (S): (Attach additional completed vaccination vidence of Immunity N (S): (Attach additional completed vaccination vidence of Immunity N (S): (Attach additional completed vaccination vidence of Immunity N (S): (Attach additional completed vaccination vidence of Immunity v	sheets as neces State: State:	Zip: Phone/ Fax: It and/or Practitioner Regactory mechanical street.	Suite: County: Suite: County: Suite: County:	
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am (PE): ______ Date Entered: ______



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BODY ART FACILITY AND PRACTIONER REGISTRATION/ MECHANICAL STUD AND CLASP EAR PIERCING NOTIFICATION

I. PROCEDURES TO BE PERFORMED (§ 119300)

Body Art Practitioner applicant should identify each service that will provided. Body Art Facility owner applicant should identify all the services that will be provided within the facility.

TATTOOING- means the insertion of pigment in human skin by piercing with a needle.

BODY PIERCING— means the creation of an opening in a human body for the purpose of inserting jewelry or other decoration. "Body piercing" includes, but is not limited to, the piercing of an ear, including the tragus, lip, tongue, nose, or eyebrow. "Body piercing", does not include the piercing of an ear, except for the tragus, with a disposable, single-use, presterilized clasp and stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear.

PERMANENT COSMETICS— means the application of pigments in human skin tissue for the purpose of permanently changing the color or appearance of the skin. This includes, but is not limited to, permanent eyeliner, eyebrow, or lip color.

BRANDING- means the process in which a mark or marks are burned into human skin tissue with a hot iron or other instrument, with the intention of leaving a permanent scar.

MECHANICAL STUD AND CLASP EAR PIERCING (§ 119325)- means the utility of a single use mechanical stud and clasp device for piercing the ear.

II. REQUIRED REGISTRATION, PERMIT, OR NOTIFICATION FEES (§ 119306, § 119312, § 119325)

Applications for registration, facility permit, or notification must include payment of appropriate fees. Please check the appropriate boxes and remit the required fees with your application.

ANNUAL BODY ART PRACTITIONER REGISTRATION — Required for all individuals providing body art services.

ANNUAL BODY ART FACILITY PERMIT — Required for businesses where tattoo, body piercing, branding, and/or permanent cosmetic services are performed.

MECHANICAL STUD AND CLASP EAR PIERCING NOTIFICATION — Required for facilities where mechanical stud and clasp devices are used for piercing the ear.

III. APPLICANT INFORMATION (§ 119306, § 119312, § 119325)

All applicants must provide full name, mailing address, and contact information.

All body art practitioners must submit documentation on: Hepatitis B vaccination status, proof of bloodborne pathogen training, and evidence of six-month of related experience. Registrants must also identify the facility where they plan to provide body art services.

IV. FACILITY LOCATION (§ 119306, § 119312, § 119325)

All applicants must provide the business name, location address, and contact information in which body art and/or mechanical stud and clasp ear piercing procedures are to be performed. If a business has multiple locations, each site must be identified and permitted. One application form may be used to register multiple facility sites for a single business owner.

ADMINISTRATIVE POLICY:

Your Policy

PERMIT FEES:

RETURN APPLICATION TO:

Your Permit Fee Schedule

Name of Your Jurisdiction Your Web Address

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