



Ventura County Environmental Health Division  
800 S. Victoria Ave., Ventura CA 93009-1730  
TELEPHONE: 805/654-5007 or FAX: 805/477-1595  
Internet Web Site Address: <https://vcrma.org/body-art-program>

## APPLICATION FOR REGISTRATION TO PERFORM TATTOO, BODY PIERCING, BRANDING, AND PERMANENT COSMETICS

**APPLICANT:** Complete the requested information

Full Legal Name of Practitioner _____	AKA: _____
Home Address _____	
Mailing Address _____	
Phone # _____	Date of Birth _____
Email _____	Website _____
Name of Facility/Facilities Where You Will Perform Body Art:	
1. Name (DBA) _____	Telephone _____
Address _____	City/Zip _____
Type of Body Art _____	
2. Name (DBA) _____	Telephone _____
Address _____	City/Zip _____
Type of Body Art _____	

### Are you a First Time Registrant as a Practitioner in the State of California?

**Yes**  Document your prior body art practitioner experience. List all establishments where you have performed tattooing, body piercing, branding, or permanent cosmetics within the last calendar year. You may include apprenticeships.

1. Establishment Name/Shop _____	Dates of Experience _____
Street Address _____	City, State, Zip Code _____
Name of Trainer/Supervisor _____	Type of Work _____ Phone # _____
2. Establishment Name/Shop _____	Dates of Experience _____
Street Address _____	City, State, Zip Code _____
Name of Trainer/Supervisor _____	Type of Work _____ Phone # _____

**No**  Document the jurisdiction in which you previously registered within the last calendar year by attaching a copy of practitioner registration.

Jurisdiction _____	Agency Phone Number _____
--------------------	---------------------------

**THE DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH APPLICATION:**

1. Provide a copy of your Bloodborne Pathogen Exposure Control Training Certification valid within the calendar year and consistent with Cal-OSHA / California Health and Safety Code Requirements. Bloodborne Pathogen Training classes must be approved by this division. Visit our website at <https://vcрма.org/body-art-program> for a list of approved classes.
2. Provide documentation of current Hepatitis B Vaccination, including applicable boosters, or demonstrate Hepatitis B Immunity or provide proof of compliance to current federal OSHA Hepatitis B Vaccination Declination requirements.

I hereby certify that all statements made in the application are true and correct.

I hereby certify that I am knowledgeable of and commit to meet state law and relevant local regulations pertaining to body art safety.

I understand that any person who tattoos or offers to tattoo a person under the age of 18 years, even with parental consent, is guilty of a misdemeanor.

I understand that any person who performs a body piercing upon a person under the age of 18 years is guilty of a misdemeanor, unless the piercing is performed in the presence of his or her parent or guardian.

I understand that it is prohibited to pierce the nipples or genitals of a minor, even with parental consent.

I agree to operate in accordance with all applicable state laws regarding Body Art Safety and agree to maintain a current certification in Bloodborne Pathogen Exposure Control Training.

I am responsible for knowing and complying with the California Health and Safety Code and amendments thereof, in the performance of tattooing, body piercing, branding, and permanent cosmetics. (*California Health and Safety Code Section 119306.*)

I understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of registration to perform Body Art Procedures within Ventura County.

I authorize investigation of all matters contained in this application.

I acknowledge that I am responsible for and agree to obtain all necessary permits required to perform body art and failure to may result in revocation of this practitioner registration.

The Certificate of Registration will be issued upon completion of this application, submittal of all required documentation and payment of all fees. It may be revoked if the registrant fails to comply with all applicable laws set forth in the California Health and Safety Code. **It must be prominently displayed to the public at the registered practitioner's workstation in every shop where the registered practitioner practices.** Body art practitioner registration shall be renewed annually. Notify this Division if/when practitioner has stopped performing body art practices.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

*Applicant: Do not write below this line.*

-----

**FOR OFFICE USE ONLY:**

Received by \_\_\_\_\_

Date \_\_\_\_\_

FA Number \_\_\_\_\_

Amt. Received \_\_\_\_\_

Receipt # \_\_\_\_\_

Check # \_\_\_\_\_

Hepatitis B Vaccination Verified by \_\_\_\_\_ Document Destroyed by \_\_\_\_\_

Bloodborne Pathogen Training Certificate Verified by \_\_\_\_\_

Certificate Expiration Date: \_\_\_\_\_