



Public Health Agency
 Environmental Health Division
 270 County Hospital Rd. Rm. 106
 Quincy, CA 95971
 Phone: 530-283-6355 FAX 530-283-6241

**Application for Registration
 to Perform Tattooing, Body Piercing, or Permanent Cosmetics**

Pursuant to California Health and Safety Code, Chapter 7, Section 119300

| | |
|--|--------------|
| Name | Phone Number |
| Facility Name (If operating in additional facilities within this county please list names and addresses on back) | |
| Facility Address | |
| City, State, Zip | |
| Billing Address | |
| City, State, Zip | |

Please mark one of the following appropriate boxes:

- I have begun the Hepatitis B vaccination series on this date: _____
- I have documentation to show that I have completed vaccination against Hepatitis B
- I have documentation showing laboratory evidence of immunity to Hepatitis B
- I will file a certificate of vaccination declination for HBV. The declination for vaccination shall be kept on file in the facility and made available during inspection.

Please indicate the services that you will be performing:

- Tattooing** - Inserting pigment under the surface of the skin by pricking with a needle or otherwise, to permanently change the color or appearance of the skin or to produce an indelible mark or figure visible through the skin. This includes, but is not limited to, eyeliner, lip color, camouflage, stencil designs and free hand designs.
- Body Piercing** - The creation of an opening in the human body for the purpose of inserting jewelry or other decoration. This includes, but is not limited to, piercing of an ear, lip, tongue, nose or eyebrow. Body piercing does not, for the purpose of this definition, include piercing the leading edge or earlobe of the ear with a sterile, disposable, single-use stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear.
- Permanent Cosmetics** - The application of pigments to or under the skin of a human being for the purpose of permanently changing the color of or the appearance of the skin. This includes, but is not limited to, permanent eyeliner, eye shadow, or lip color.

I declare that to the best of my knowledge the information that I have provided is true and accurate. I also acknowledge that I have received a copy of the "Standards of Practice for Tattooing, Body Piercing and Permanent Cosmetics" and agree to conform to all conditions, orders and directions contained therein or currently required by the California Health and Safety Code, and the California Department of Health Services.

Name

Signature

Date