

COUNTY OF ORANGE HEALTH CARE AGENCY BODY ART PRACTITIONER REGISTRATION

TEMPORARY EVENT ONLY

I. ARTIST INFORMATION								
FACILITY ID#		PR						
FEE: \$41.00 Registration fee due prior to the event								
APPLICANTS: LAST NAME FIRST NAME					DDLE NAME		PHONE	
RESIDENTIAL ADDRESS				E-MAIL ADDRESS				
CITY	BUSINES	USINESS TYPE (tattoo, permanent cosmetics, piercing, branding, other)						
MAILING ADDRESS IF DIFFERENT FROM ABOVE								
DBA/ BUSINESS LICENSE NAME								
PRIMARY LOCATION OF PRACTICE (name, address and phone)								
III. TEMPORARY BOOTHS								
NAME AND LOCATION OF EVENT	OTER BUSII	R BUSINESS NAME, CONTACT NAME, COMPLETE ADDRESS AND PHONE NUMBER						
IV. CERTIFICATION								
I certify under penalty of law that I have personally examined and am familiar with the information submitted, the information is true, accurate, and complete. I AGREE TO COMPLY WITH THE REQUIREMENTS OF THE CA SAFE BODY ART ACT AND MAKE APPLICATION FOR A BODY ART PRACTITIONER REGISTRATION.								
SIGNATURE BODY ARTIST (no signature required if emailed to OCBodyArt@ochca.com) DATE NAME OF SIGNER (print)								
V. REQUIRED ATTACHMENTS								
PROVIDE COPY OF CURRENT BLOODBORNE PATHOGEN EXPOSURE CONTROL TRAINING CERTIFICATE								
OC Approved BBP Training: http://ochealthinfo.com/eh/more/bodyart								
2. Attach Proof of Hepatitis B Vaccine OR Immunity OR a Signed Hepatitis B Declination Form (check box above) http://ochealthinfo.com/eh/more/bodyart/forms								
Email: OCBodyArt@ochca.com								
Office use Only Verification of Age				Verification of Hepatitis B by Vaccination or Immunity or Current OSHA Hepatitis B Declination Form				
REGISTRATION APPROVED BY (specialist signature)				DATE EXPIRATION DATE				