



**CONTRA COSTA**  
**ENVIRONMENTAL HEALTH DIVISION**  
 2120 DIAMOND BOULEVARD, SUITE 200  
 CONCORD, CA 94520  
 (925) 692-2500 (925) 692-2502 FAX  
 www.cchealth.org/eh/



## BODY ARTS PRACTITIONER APPLICATION

(Incomplete applications will not be accepted)

NEW APPLICATION FOR  TATTOO  BODY PIERCING  PERMANENT COSMETICS

Required:

- Completed body arts practitioner application form
- A copy of your current *LEA Approved* Bloodborne Pathogen Certificate of Training
- Proof of Hepatitis B vaccination
- \$39.00 application fee required for new applications. Please be aware that this fee is non-refundable.
- Proof of practitioner is over age 18
- The permit fee for a body arts practitioner is \$131 per year. Fees are subject to change, please see the [current fee schedule](#).

### GENERAL PRACTITIONER INFORMATION

FULL LEGAL NAME:		PHONE NUMBER:	
MAILING ADDRESS:		CITY:	STATE:
EMAIL:		ZIP CODE:	

### FACILITY NAME INFORMATION

LIST ALL ESTABLISHMENTS WHERE YOU CURRENTLY OR ARE PLANNING TO ENGAGE IN TATOOING, BODY PIERCING OR PERMANENT COSMETICS.

FACILITY NAME:	ADDRESS:	CITY, ZIP CODE:	BUSINESS PHONE #:
FACILITY NAME:	ADDRESS:	CITY, ZIP CODE:	BUSINESS PHONE #:
FACILITY NAME:	ADDRESS:	CITY, ZIP CODE:	BUSINESS PHONE #:
FACILITY NAME:	ADDRESS:	CITY, ZIP CODE:	BUSINESS PHONE #:

### FOR OFFICE USE ONLY

FA #:	PR #	P/E: 49	DISTRICT #: 63	CENSUS TRACT #:	REHS:
AMOUNT DUE: \$		AMOUNT PAID: \$		RECEIPT #:	RECEIVED BY:
CHECK #:	CASH <input type="checkbox"/> CREDIT CARD: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/>		DATE RECEIVED:	SUPERVISOR:	

**ATTACH A COPY OF YOUR CURRENT CERTIFICATION OF BLOODBORNE PATHOGEN  
PREVENTION TRAINING TO THE APPLICATION.**

I declare under penalty of perjury the information on this application and in other materials submitted in support of this application is true and correct. I hereby consent to all necessary inspections conducted pursuant to the California Health & Safety Code.

I understand that submittal of incorrect information will result in rejection of this application for the practitioner to operate within County boundary.

I am responsible for maintaining current Bloodborne Pathogen Certification and providing updated certification to Contra Costa County as needed. I understand this registration for which I am applying will remain valid only when these stated conditions are met.

\_\_\_\_\_   
Print name

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Date

<input type="checkbox"/> Approved  Comments: _____ _____ _____ _____	<input type="checkbox"/> Denied  Comments: _____ _____ _____ _____
REVIEWED BY:	DATE: