



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

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**APPLICATION FOR REGISTRATION OF A PERSON ENGAGED IN
THE BUSINESS OF TATTOOING, BODY PIERCING OR PERMANENT COSMETICS**

THIS APPLICATION IS FOR: NEW PRACTITIONER
 ANNUAL RENEWAL

FULL NAME OF APPLICANT: _____ *DOB: _____

RESIDENTIAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

***PROVIDE COPY OF CURRENT CALIFORNIA ID OR DRIVERS LICENSE**

CHECK ALL PROCEDURES TO BE PERFORMED: TATTOOING
 BODY PIERCING
 PERMANENT COSMETICS

Please fill in the following information for each location where you will conduct the above activities. If the business is at a temporary event, attach separate verification of the facility owner or event organizer for each temporary event location.

BUSINESS NAME/OWNER	STREET ADDRESS	CITY/ZIP	BUSINESS NO.
1.			
2.			
3.			

Current registration(s) for these activities with other cities or counties:

CITY/COUNTY	LICENSE/REGISTRATION TYPE & NO.	EXP. DATE
1.		
2.		
3.		

For more information call (951) 955-8980

Department Web Site-www.rivcoeh.org

For our office locations call us at (888) 722-4234 or visit our website at www.rivcoeh.org



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BLOODBORNE PATHOGEN

What training have you had in the Health & Safety Procedures for these activities? _____

Any person who fails to register with this Department and continues to practice body art or body piercing may be subject to criminal penalties of up to \$500 per violation.

Any person who tattoos or offers to tattoo a person under the age of 18 years is guilty of a misdemeanor.

Any person who performs or offers to perform a body piercing upon a person under the age of 18 years is guilty of an infraction, unless the body piercing is performed in the presence of, or as directed by a notarized writing from, the person's parent or guardian.

I certify that I am at least 18 years of age.

I agree to meet the requirements of Riverside County Ordinance 907 and the California Safe Body Art Act.

I have submitted my proof of a Hepatitis B Vaccination certification or I refuse to undergo this vaccination as noted below.

Signature of Applicant's refusal of a Hepatitis B Vaccination: _____ Date: _____

Signature of Applicant: _____ Date: _____

Upon receipt, post a copy of the registration certificate at work station.

Mail completed application with payment check or money order to:
County of Riverside Department of Environmental Health
Environmental Protection and Oversight Division
P.O. Box 7909
Riverside, CA 92513
Phone: (951) 955-8980

-----**FOR DEH USE ONLY**-----

Department Approval/ Title _____ Date: _____

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