



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

**APPLICATION FOR REGISTRATION OF
 A BODY ART PRACTITIONER**

PRACTITIONER INFORMATION

THIS APPLICATION IS FOR **NEW PRACTITIONERS ONLY**

APPLICANT INFORMATION	Full Name of Applicant		
	Residential Address		
	City	State	Zip
	Cell Phone	E-mail	

NOTE: You must work at a permitted Body Art Facility. Permits and invoices will be mailed to the facility address listed below.

FACILITY INFORMATION	Facility Name			
	Facility Address			
	City	State	Zip	Facility Phone
FACILITY INFORMATION	Facility Name			
	Facility Address			
	City	State	Zip	Facility Phone

List ALL Body Art you will perform: _____ _____ _____	The following must be provided with the application: <input type="checkbox"/> Proof of completion of approved Bloodborne Pathogen Training. <i>Expiration:</i> _____ <input type="checkbox"/> Valid government issued ID for proof that practitioner is at least 18 years of age. <input type="checkbox"/> Evidence of current Hepatitis B Vaccination Certification or Hepatitis B Immunity or signed Declination Form.
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The undersigned hereby applies for a Body Art Practitioner Registration and agrees to operate in accordance with the California Safe Body Art Act, Riverside County Ordinance 907 and all applicable laws governing safe body art practices, including notifying this department if moving to a new body art facility.

I hereby certify that to the best of my knowledge the statements made herein are true and correct.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

PAYMENT INFORMATION	
Date	
REHS Verification	
Fee	
Receipt/Transaction #	
Check #	
Credit Card Approval #	
Approved by	
District #	
Area #	

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