

Program (PE):\_

Fees:\_

## Lassen County Environmental Health Department

1445 Paul Bunyan Road, Suite B, Susanville, CA 96130 ● 530.251.8528 ● fax 530.251.2668

# BODY ART FACILITY AND PRACTITIONER REGISTRATION/MECHANICAL STUD AND CLASP EAR PIERCING NOTIFICATION

I. APPLICATION FOR REGISTRATION, PERMIT, OR NOTIFICATION: Check all that apply.				
Annual Body Art Practitioner Registration	3. Annual Body Art Mobile Facility Permit			
2. Annual Body Art Facility Permit	4.			
II. PROCEDURES TO BE PERFORMED: Check all that apply (see bac	s for definitions)			
☐ Tattooing ☐ Body Piercing	☐ Mechanical Stud and Clasp Ear Piercing			
☐ Branding ☐ Permanent Cosmetic	3			
□ NEW APPLICATION □ UPDATE APPLICATION				
III. APPLICANT INFORMATION:				
Name:	"aka":			
Home Address:	Phone:			
City: State: Z	p: Email:			
IV. FACILITY INFORMATION				
Facility Name:				
Facility Owner Name:				
Address:	Phone:			
City: State: Z	ip: Email:			
BODY ART PRACTITIONER ONLY				
Identification Type:	Identification No.:			
Submit Copy of ID Date of Birth:	Gender: M or F			
Facility Where Body Art Services Will Be Provided				
Facility Name:	Owner: Phone:			
Address:	Email:			
Service You Provide:				
Bloodborne Pathogen Training: Submit copy of Certificate				
Date Completed: Training Provided by:				
Hepatitis B Vaccination Status: Choose One and Submit Documentation				
1. Certification of Completed Vaccination  3. Contraindicated for Medical Reasons (Doctor's Note)				
2. Laboratory Evidence of Immunity	4.  Vaccination Declination			
The undersigned hereby applies for a Body Art Facility Permit and/or Practitioner Registration and/or Mechanical Stud and Ear Piercing Notification and agrees to operate in accordance with all applicable state and local requirements (zoning restrictions, business license) governing safe body art practices or practices governing mechanical stud and clasp ear piercing.				
I hereby certify that to the best of my knowledge and belief the statements made herein are true and correct.				
Signature: Title:	Date:			
Print Name: M	ail Permit/ Registration to:  Home Address  Facility Address			

Authorized by (REHS):

Date Entered:

### SAFE BODY ART ACT (AB 1168) INFORMATION

#### A. APPLICATION FOR: REGISTRATION, PERMIT, OR NOTIFICATION (§ 119312, § 119325)

**ANNUAL BODY ART PRACTITIONER REGISTRATION** — Required for all individuals providing body art services.

**ANNUAL BODY ART FACILITY PERMIT** — Required for businesses where tattooing, body piercing, branding, and/or permanent cosmetic services are performed.

**ANNUAL BODY ART MOBILE FACILITY PERMIT** — Required for mobile facilities in which Body Art is performed.

**MECHANICAL STUD AND CLASP EAR PIERCING NOTIFICATION** — Required for facilities where mechanical stud and clasp devices are used for piercing the ear.

#### B. PROCEDURES TO BE PERFORMED (§ 119300)

Body Art Practitioner applicant should identify each service that will provided. Body Art Facility owner applicant should identify all the services that will be provided within the facility.

**TATTOOING** — means the insertion of pigment in human skin by piercing with a needle.

**BODY PIERCING** — means the creation of an opening in a human body for the purpose of inserting jewelry or other decoration. "Body piercing" includes, but is not limited to, the piercing of an ear, including the tragus, lip, tongue, nose, or eyebrow. "Body piercing", does not include mechanical stud and clasp ear piercing.

**PERMANENT COSMETICS** — means the application of pigments in human skin tissue for the purpose of permanently changing the color or appearance of the skin. This includes, but is not limited to, permanent eyeliner, eyebrow, or lip color.

**BRANDING** — means the process in which a mark or marks are burned into human skin tissue with a hot iron or other instrument, with the intention of leaving a permanent scar.

**MECHANICAL STUD AND CLASP EAR PIERCING (§ 119325)** — means the utility of a pre-sterilized single use mechanical stud and clasp device for piercing the outer perimeter or lobe of the ear.

#### C. PRACTITIONERS SUBMITTAL CHECK LIST

Proof of I.D.	Blood Borne Pathogen Training
Hepatitis B Status	

- D. BODY ART FACILITY IS REQUIRED TO SUBMIT AN EXPOSURE CONTROL AND INFECTION PREVENTION CONTROL PLAN (ECIPCP) WITH THE INITIAL FACILITY APPLICATION ONLY.
- E. CONTACT LOCAL JURISDICTION IN REGARDS TO ANY ZONING REQUIREMENTS/ LIMITATIONS AND BUSINESS LICENSE REQUIREMENTS.

#### F. PERMIT FEES:

Call Environmental Health for current fees - (530) 251-8528