

**MONTEREY COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH BUREAU  
APPLICATION / RENEWAL / CHANGE OF REQUEST FOR BODY ART PRACTITIONER**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initials:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**APPLICATION TYPE**     New Practitioner Permit (PE 3591 & PE 3593)     Permit Renewal (PE 3593)     Temporary Practitioner Registration (PE 3592)

**\*Issued Health Permits are Valid until the end of the Fiscal Year on June 30. To Renew your Health Permit, Practitioners Shall Resubmit an Application Form & a Valid BBP Training Certificate to the Health Department in the Month of June Each Year & Pay Fees\***

**Which services will you be providing:**     Tattooing     Permanent Cosmetic     Body Piercing     Branding

**Is this your first time registering:**     Yes     No    **Identification (Age 18 or older?):**     Yes     No

**Identification Type:**     Driver's License     Government ID     Other: \_\_\_\_\_

**\*\*A copy of your Identification will be taken at time of application.\*\***

**Do you need a new or a replacement Body Art Operator Card?**     Yes     No  
(Replacement will be charged 1/2 hourly rate)    If yes, two passport size photos must be attached to this application.

**Identify Hepatitis B Vaccination Documentation:**

Certification of Completed Vaccination     Laboratory Evidence of Immunity     Vaccination Declination

**Identify Bloodborne Pathogen Training Completed:**

**BBP Training Provider:** (Training not listed shall be specific to Body Art and is subject to Section 119307 of the Safe Body Art Act for Approval)

Above Training     Biologix Solutions LLC     The Bloodborne Pathogen Training Institute  
 Cathy Montie Body Art Company     Emergency University     Eduwhere Bloodborne Pathogens Training  
 Body Art Training Group     ProTrainings    **Training Date:** \_\_\_\_\_

**\*\*Attach a Copy of the Hepatitis B Document and valid BBP Training Certificate with this Application.\*\***

**LIST ALL BODY ART FACILITY LOCATIONS YOU WILL BE OPERATING:** (Provide a List if More than 2 Facilities)

**1. Body Art Facility Name:** \_\_\_\_\_

Are you the Facility Owner:     Yes     No    If Not, List Owner Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Facility Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**This Section Shall be Completed by the Body Art Facility Owner:**

By signing this Form, I authorize this practitioner to provide services at the facility listed above.

**Owner Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**2. Body Art Facility Name:** \_\_\_\_\_

Are you the Facility Owner:     Yes     No    If Not, List Owner Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Facility Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**This Section Shall be Completed by the Body Art Facility Owner:**

By signing this Form, I authorize this practitioner to provide services at the facility listed above.

**Owner Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

The undersigned hereby applies for a Body Art Practitioner Registration. I declare under penalty of perjury that to best of my knowledge and belief, the information I have provided is true and accurate. I understand that to become and remain registered to provide Services in Monterey County, I must pay the annual registration fee established by the County under applicable law. I also agree to conform to all conditions, laws, orders & direction in accordance with all applicable state and local requirements governing Body Art Practitioners and Body Art Facilities.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**FOR MONTEREY COUNTY OFFICE USE ONLY**

**Inspector's Instruction:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Authorized by EHS:</b> _____		<b>Date Authorized:</b> _____	
Program(PE): _____	Fee:\$ _____	Program(PE): _____	Fee:\$ _____ X Qty: _____
Program(PE): _____	Fee:\$ _____	Program(PE): _____	Fee:\$ _____ X Qty: _____
<b>Total Fees: \$</b> _____		IN: _____	Date Paid: _____
<b>For Admin Staff Use Only</b>			
Date Completed: _____		Amount Paid: _____	
FA: _____	PR: _____	By: _____	

## **APPLICATION / RENEWAL / CHANGE OF REQUEST FOR BODY ART PRACTITIONER**

### **APPLICANT INFORMATION**

Provide name, mailing address and facility information & include Bloodborne Pathogen Training Certificate and Hepatitis B document to be registered.

**PERMIT FEES:** Please contact the Environmental Health Bureau at (831) 755-4505 for the current fee schedule.

**RETURN APPLICATION TO:** Monterey County Health Department, Environmental Health Bureau, 1270 Natividad Road, Salinas, CA 93906

### **I. PROCEDURES TO BE PERFORMED (§ 119301)**

Body Art Practitioner applicant should identify each service that will be 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 the piercing of an ear, except for the tragus, with a disposable, single-use, presterilized clasp and stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear.

**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.

### **II. REQUIRED REGISTRATION or PERMIT FEES (§ 119306, § 119312)**

Application for registration shall include payment of appropriate fees.

**ANNUAL BODY ART PRACTITIONER REGISTRATION —** Required for all individuals providing body art services. Practitioners shall only operate at a Permitted Body Art Facility.

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

### **III. APPLICANT INFORMATION (§ 119306, § 119312)**

All applicants must provide full name, mailing address, and contact information.

All body art practitioners must submit documentation on: Hepatitis B vaccination document, proof of approved bloodborne pathogen training. Registrants must also identify the facility where they plan to provide body art services.

### **IV. FACILITY LOCATION (§ 119306, § 119312)**

All applicants must provide the business name, location address, and contact information in which body art procedures are to be performed. If a practitioner will operate at multiple locations, each site must be identified and permitted.

### **ADMINISTRATIVE POLICY:**

Each Health Permit issued is valid until the end of the Fiscal Year on June 30. The Fiscal Year begins on July 1 and ends on June 30 in the following year. All renewal fees must be paid before July 1 of each year or late penalty fees will be charged to your account.

**Please contact (831) 755-4505 or contact your inspector directly if you have additional questions.**