



# COUNTY of VENTURA

## Environmental Health Division

800 South Victoria Avenue, Ventura, CA 93009-1730

Phone 805-654-2813 • [vcrma.org/divisions/environmental-health](http://vcrma.org/divisions/environmental-health)

### BODY ART PRACTITIONER REGISTRATION APPLICATION

To perform tattooing, body piercing, branding, and permanent cosmetics pursuant to California Health and Safety Code, Chapter 7, Sections 119306 and 119307 and Ventura County Ordinance

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Website/Social Media \_\_\_\_\_

Body Art Site Name (all locations): \_\_\_\_\_

Body Art Site Address (all locations): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Indicate services you will provide:

Tattooing  Permanent Cosmetics  Body Piercing  Branding

Identification (Age 18 or old):  Yes  No Identification Type: \_\_\_\_\_

**THE DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH APPLICATION:**

1. Provide a copy of your Bloodborne Pathogen Exposure Control Training Certification valid within the calendar year and consistent with Cal-OSHA / California Health and Safety Code Requirements. Bloodborne Pathogen Training classes must be approved by this division. Visit our website at <https://vcrma.org/body-art-program> for a list of approved classes.
2. Provide documentation of current Hepatitis B Vaccination, including applicable boosters, or demonstrate Hepatitis B Immunity or provide proof of compliance to current federal OSHA Hepatitis B Vaccination Declination requirements.

The undersigned hereby applies for a Body Art Practitioner Registration. I declare under penalty of perjury that to the best of my knowledge and belief, the information I have provided is true and accurate. I understand that to become and remain registered and eligible to provide Body Art services in Ventura County, I must pay the annual registration fee established by the County under applicable law. I also agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety Code and all applicable County and City Ordinances.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please note that submittal of this application does not constitute the issuance of a Body Art Practitioner Registration Certificate.

**FOR OFFICE USE ONLY:**

Received by \_\_\_\_\_ Date \_\_\_\_\_ FA Number \_\_\_\_\_

Amt. Received \_\_\_\_\_ Receipt # \_\_\_\_\_ Check # \_\_\_\_\_

Hepatitis B Vaccination Documentation:  Certificate of Completed Vaccination  
 Laboratory Evidence of Immunity  Vaccination Declination

Verified by: \_\_\_\_\_ Document Destroyed by: \_\_\_\_\_

Bloodborne Pathogen Training Certificate Verified by: \_\_\_\_\_

Training Provider: \_\_\_\_\_ Certificate Expiration Date: \_\_\_\_\_