1241 E. Dyer Road
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Santa Ana
CA 92705
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COUNTY OF ORANGE HEALTH CARE AGENCY
BODY ARTIST REGISTRATION APPLICATION

I. ARTIST INFORMATION

CERTIFIED PROFESSIONAL ID#	P	I								BODY ARTIST INITIAL REGISTRATION DATE

APPLICANTS FULL NAME	PHONE
RESIDENTIAL ADDRESS	

CITY	STATE	ZIP CODE	BUSINESS TYPE ***(tattoo, permanent cosmetics, piercing, other)***

MAILING ADDRESS IF DIFFERENT FROM ABOVE
DBA/ BUSINESS LICENSE NAME
PRIMARY LOCATION OF PRACTICE ***(name , address and phone)***

II. MOBILE BODY ART FACILITIES

MOBILE BODY ART VEHICLE OWNER	VEHICLE LICENSE PLATE NUMBER AND STATE
VEHICLE PARKING LOCATIONS/ ADDRESS	

CITY	STATE	ZIP CODE

III. TEMPORARY BOOTHS

NAME AND LOCATION OF EVENT	DATES OF EVENT	PROMOTER BUSINESS NAME, CONTACT NAME, COMPLETE ADDRESS AND PHONE NUMBER

IV. CERTIFICATION

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. I HEARBY MAKE APPLICATION FOR A BODY ARTIST REGISTRATION.

SIGNATURE BODY ARTIST	DATE	
NAME OF SIGNER ***(print)***		

V.REQUIRED ATTACHMENTS

1. ATTACH A LIST AND PROVIDE DOCUMENTATION FOR ALL HEALTH AND SAFETY TRAINING, BLOODBORNE PATHOGEN TRAINING OR OTHER PERTINENT TRAINING FOR BODY ART ACTIVITIES. INCLUDE NAME OF COURSE, DATE OF TRAINING, AND ANY CERTIFICATES.

2. ATTACH A LIST OF SITES WHERE YOU WILL BE PERFORMING BODY ART ACTIVITIES. PROVIDE BUSINESS NAME, STREET ADDRESS, CITY/ZIP AND PHONE NUMBER OF ALL LOCATIONS IN ORANGE COUNTY WHERE YOU PRACTICE.

3. ATTACH A LIST OF ALL CURRENT REGISTRATIONS FOR BODY ART ACTIVITIES. INCLUDE THE CITY, COUNTY AND LICENCE/REGISTRATION TYPE.

4. ATTACH A COPY OF YOUR BODY ART CONSENT FORM AND ALL AFTERCARE INSTRUCTIONS.

REGISTRATION APPROVED BY (***specialist signature)***	DATE

Accounting use only:	HS0#	Ck/MO#	Date	Amt	Initials	