



County of Riverside  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**

www.rivcoeh.org

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

Riverside County Code and the California Health and Safety Code

THIS APPLICATION IS FOR:     **NEW PRACTITIONER**     **TEMPORARY EVENT**

Note: This application must be submitted in person at one of our locations. Visit website for office locations.

FULL NAME OF APPLICANT: \_\_\_\_\_ \*DOB: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_, CA ZIP: \_\_\_\_\_

FACILITY (BILLING) ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_, CA ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

List **ALL** types of services offered at facility

\_\_\_\_\_

\_\_\_\_\_

To complete application, practitioner must:

- Provide valid government issued ID for proof that practitioner is at least 18 years of age.
- Provide proof of completion of OSHA Bloodborne Pathogen Training (See below).
- Provide evidence of current hepatitis B vaccination certification or hepatitis B immunity. Refusal of this vaccination will require a signature (See Hepatitis B Declination Statement below).

Please fill in the following information for each location where you will conduct the above activities, including temporary events.

FACILITY/TEMPORARY EVENT NAME	STREET ADDRESS	CITY	PHONE NUMBER
1.			
2.			
3.			

BLOODBORNE PATHOGEN TRAINING:

TRAINING PROVIDER	EXP. DATE

**For our office locations call us at (888) 722-4234 or visit our website at [www.rivcoeh.org](http://www.rivcoeh.org)**



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**Hepatitis B Declination Statement**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Must be posted at the practioner's station at all times \*\***

By signing the space provided below, I agree to meet the requirements of Riverside County Ordinance 907 and the California Safe Body Art Act.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Upon receipt, post a copy of the registration certificate at work station along with Hepatitis B paperwork.

Bring completed application with payment to a local Environmental Health office.

**For Office Use**

Date: \_\_\_\_\_ Fee \$ \_\_\_\_\_ Ck. # \_\_\_\_\_ Trans. # \_\_\_\_\_

Approved by (Title): \_\_\_\_\_ Dist. # \_\_\_\_\_ Area # \_\_\_\_\_ SR # \_\_\_\_\_

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