



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.  
Registration will be mailed to the facility address listed below.

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

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

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

FACILITY PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

List **ALL** Body Art you will perform:

\_\_\_\_\_  
\_\_\_\_\_

The following must be provided with the application:

- Proof of completion of OSHA Bloodborne Pathogen Training.
- Valid government issued ID for proof that practitioner is at least 18 years of age.
- Evidence of current Hepatitis B Vaccination Certification or Hepatitis B Immunity or signed Declination Form.

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

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

The undersigned hereby applies for a Body Art Practitioner Registration and agrees to operate in accordance with the California Safe Body Art Act, Riverside County Ordinance 907 and all applicable laws governing safe body art practices.

**I hereby certify that to the best of my knowledge the statements made herein are true and correct.**

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

**For Office Use**

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

Approved by: \_\_\_\_\_ Dist. # \_\_\_\_\_ Area # \_\_\_\_\_

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