

**INYO COUNTY  
ENVIRONMENTAL HEALTH SERVICES DEPARTMENT**

**TATTOOING, BODY PIERCING, AND PERMANENT COSMETICS  
APPLICATION FOR REGISTRATION**

P.O. Box 427, Independence, CA 93526  
Phone (760) 878-0238 FAX (760) 878-0239

**1. GENERAL PRACTITIONER INFORMATION**

FULL LEGAL NAME (Give aka in parenthesis if desired)		HOME PHONE NUMBER		ID/DL Number
HOME ADDRESS		CITY	STATE	ZIP CODE
<b>TYPE OF SERVICE PROVIDED:</b> <input type="checkbox"/> <b>Tattoo</b> <input type="checkbox"/> <b>Body Piercing</b> <input type="checkbox"/> <b>Permanent Cosmetics</b> <input type="checkbox"/> <b>Apprentice</b>				
LIST ALL ESTABLISHMENTS WHERE YOU CURRENTLY ENGAGE IN THE PRACTICE OF TATTOOING, BODY PIERCING OR THE APPLICATION OF PERMANENT COSMETICS.				
FACILITY NAME	STREET ADDRESS		BUSINESS PHONE NUMBER	
	MAILING ADDRESS			
FACILITY NAME	STREET ADDRESS		BUSINESS PHONE NUMBER	
	MAILING ADDRESS			
FACILITY NAME	STREET ADDRESS		BUSINESS PHONE NUMBER	
	MAILING ADDRESS			

**2. HEPATITIS B VACCINATION AND EXPOSURE CONTROL TRAINING**

STATE LAW REQUIRES THAT EACH PRACTITIONER RECEIVE HEPATITIS B VACCINATION OR FILE A CERTIFICATE OF DECLINATION OF HEPATITIS B VACCINATION WITH THE FACILITY OWNER/OPERATOR AND THE INYO COUNTY ENVIRONMENTAL HEALTH SERVICES DEPT.									
<p><b>Have you received a Hepatitis B (HBV) vaccination?</b>  <b>Do you have documentation? Documentation is either a certificate of completion of vaccination or laboratory Evidence. Please provide a copy of the documentation.</b>  <b>If you have not received a HBV vaccination, have you supplied the facility owner/operator with certification of HBV declination?</b></p>	<table border="0"> <tr> <td><b>Yes</b></td> <td><b>No</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Yes</b>	<b>No</b>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<p><b>Have you received exposure control training (infection control/blood-borne pathogens)?</b></p> <p>If so, where and when?</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>								

**3. FEES**

APPLICATION TYPE	INITIAL FEES	RENEWAL FEE
APPLICATION for REGISTRATION OF PRACTITIONER	\$ 25.00	
ANNUAL INSPECTION FEE	\$ 105.00	\$ 105.00
<b>TOTAL</b>	<b>\$ 130.00</b>	<b>\$ 105.00</b>

**4. ATTACHMENTS**

- |   |
|---|
| 1. ATTACH SIGNED COPY OF INTERIMS STANDARDS FOR TATTOOING, BODY PIERCING AND PERMANENT COSMETICS IN INYO COUNTY |
| 2. ATTACH COPY OF APPLICATION/CONSENT FORM PROVIDED TO CUSTOMER FOR PROCEDURES                                  |
| 3. ATTACH APPLICABLE FEES   |

**TATTOOING, BODY PIERCING, AND PERMANENT COSMETICS  
APPLICATION FOR REGISTRATION**

Page 2 of 2

**5. EXPERIENCE AND TRAINING**

**BRIEFLY DESCRIBE YOUR EXPERIENCE, TRAINING AND QUALIFICATIONS (Include dates and locations):**

I declare under penalty of perjury the information on this application and in other materials submitted in support of this application is true and correct. I hereby consent to all necessary inspections made pursuant to the California Health and Safety Code, Section 119300 et.seq., and incidental to the issuance of any exemption, Registration or Permit, and operation of this business. I understand that submittal of incorrect information may result in penalties and a site investigation fee.

PRINT NAME	SIGNATURE	DATE
------------	-----------	------

**FOR OFFICE USE ONLY**

Special Notes \_\_\_\_\_

Filing Fee \_\_\_\_\_ Out of Business Notification \_\_\_\_\_

**INSPECTOR'S REPORT**

To the Director of Environmental Health –  
After having made a careful review of the above case on \_\_\_\_\_, 2\_\_\_\_\_

I RECOMMEND the issuance of a New Registration

I DISAPPROVE the issuance of a New Registration  for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRINCIPAL INSPECTORINSPECTOR