

TATTOOING, BODY PIERCING, PERMANENT COSMETICS & BRANDING APPLICATION FOR REGISTRATION

GENERAL PRACTITIONER INFORMATION

New Registration Annual Registration Updated Registration

FULL LEGAL NAME (Give aka in parenthesis if desired)	HOME PHONE NUMBER	ID/DL NUMBER	
		REGISTRATION NUMBER	
HOME ADDRESS	CITY	STATE	ZIP CODE
-MAIL ADDRESS			

TYPE OF SERVICE PROVIDED: **Tattoo** **Body Piercing** **Permanent Cosmetics** **Branding**
 LIST ALL ESTABLISHMENTS WHERE YOU ARE CURRENTLY OR PROPOSING TO ENGAGE IN THE PRACTICE OF TATTOOING, BODY PIERCING OR APPLYING PERMANENT COSMETICS OR BRANDING.

PRIMARY FACILITY NAME	STREET ADDRESS	BUSINESS PHONE NUMBER
	MAILING ADDRESS	
SECONDARY FACILITY NAME	STREET ADDRESS	BUSINESS PHONE NUMBER
	MAILING ADDRESS	

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 KERN COUNTY ENVIRONMENTAL HEALTH DIVISION.

<p>Have you received a Hepatitis B (HBV) vaccination?</p> <p>If you have not received a HBV vaccination, have you supplied the facility owner/operator with certification of HBV declination?</p>	<table style="width: 100%;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<p>Have you received a minimum of two (2) hours of exposure control training (infection control/blood-borne pathogens)?</p> <p>If so, where and when?</p>	<table style="width: 100%;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>		
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>						

FEES

To find the most up-to-date Kern County Environmental Health Permit Fees, please visit www.kernpublichealth.com/environmental-health-permit-application-fees or call (661)862-8740 for further assistance.

ATTACHMENTS

1. ATTACH PHOTO IDENTIFICATION (MUST BE 18 YEARS OF AGE OR OLDER).	<input type="checkbox"/>
2. ATTACH COPY OF A CERTIFICATE OF COMPLETION OF HBV VACCINATION, LABORATORY EVIDENCE OR HBV DECLINATION.	<input type="checkbox"/>
3. ATTACH COPY OF A CERTIFICATE OF COMPLETION OF A TWO (2) HOUR BLOOD-BORNE PATHOGEN TRAINING.	<input type="checkbox"/>
4. ATTACH COPY OF AFTERCARE AND CONSENT FORMS PROVIDED TO CUSTOMER FOR PROCEDURES. (ONLY FOR NEW REGISTRANT OR CHANGE IN LOCATION.)	<input type="checkbox"/>
5. SUBMIT APPLICATION FEES.	<input type="checkbox"/>

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
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HEPATITIS B DECLINATION FORM

California Health and Safety Code, Section 119306 (c) (1) – Hepatitis B Vaccine Declination

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 (1-IBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the 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.

Printed Name: _____

Signature: _____

Date: _____

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KERN COUNTY ENVIRONMENTAL HEALTH DIVISION

CALIFORNIA STATE STANDARDS FOR TATTOOING, BODY PIERCING, PERMANENT COSMETICS AND BRANDING PURSUANT TO AB 1168 OF 2014

When practitioners or clients are exposed to the blood of others, there is a potential risk of infection with at least three significant human pathogens: Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and the Human Immunodeficiency Virus (HIV).

To minimize the possible risk of transmission of blood-borne diseases from a client to other clients, or to yourself, the following standards are to be observed:

FOR PROTECTION OF THE CLIENT, PRACTITIONERS SHALL:

- Thoroughly clean and disinfect work surfaces and equipment after each procedure is completed;
- Properly dispose of any disposable needles;
- Wear clean clothing;
- Wash and disinfect hands and forearms between clients. Hands and forearms are not considered clean unless they have been thoroughly washed with soap and hot water for at least 10 seconds, followed by a thorough rinsing under a stream of potable (drinkable) water;
- Practitioners shall be free of diseases that can be transmitted via performance, e.g. pustular skin lesions;
- Practitioners shall not eat, drink or smoke in work areas or while performing procedures;
- Skin surfaces shall be cleaned prior to tattooing, piercing, application of permanent cosmetics or branding. Procedures shall not be performed on skin surfaces exhibiting any sunburn, rash, pimples, boils, moles or infection or otherwise manifesting any evidence of unhealthy conditions;
- Proper records are to be maintained on each customer, including: date body art was performed; client's name; date of birth; gender and current address; type, description and location of procedure and date of procedure; and the name of the practitioner.

FOR THEIR OWN PROTECTION, PRACTITIONERS SHOULD:

- Wear protective gloves while doing any procedure that may cause bleeding, and discard them after each client; and
- Wear a face shield if there is any danger of splash from blood or other body fluids;
- Discard all sharps waste in an approved sharps waste container and have removed and disposed by a licensed waste hauler or through a State authorized mail-back system.

ADDITIONAL STANDARDS, PRACTITIONERS SHALL NOT:

- Conduct body art from an unpermitted facility or temporary event;
- Apply any tattoo to a person under eighteen (18) years of age, regardless of parental consent;
- Perform body piercing on a person under the age of eighteen unless performed in the presence of his or her parent or guardian. Both the guardian and the minor shall have a valid picture identification;
- Perform body piercing of the nipples or genitalia on a person under the age of eighteen;
- Perform the application of permanent cosmetics to the nipples of a minor, unless applied by a registered permanent cosmetic technician with the consent of the minor's parents or guardian and as directed by a physician;
- Perform tattooing, body piercing, permanent cosmetics or branding on any person who is impaired by drugs or alcohol;
- Perform tattooing or permanent cosmetics without first advising the client that these are to be considered permanent.

I hereby acknowledge receipt of these standards. I further commit to comply with these standards when performing activities associated with tattooing, body piercing, permanent cosmetics and branding.

Print Name

Signature

Date

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Practitioner Copy

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