



Body Art Practitioner Registration Application

Type of Service(s): Tattoo Body Piercing Permanent Cosmetics Branding

Please note that submittal of this application does not constitute the issuance of
 Body Art Owner/Practitioner Registration Certificate

Required Documents

1. Hepatitis B (check one box only):
 Proof of HBV vaccination Immunity Intent Declination
2. Copy of current Bloodborne Pathogen Training Certification (must be renewed annually):
 Expiration Date: _____
3. Proof that Practitioner is 18 years of age or older (check one box only):
 Driver's License Other government issued identification: _____
4. Proof of minimum 6 months of related experience.

Practitioner Information

Full Name:			
Mailing Address:	City:	CA	Zip:
Daytime Phone Number:	Alternate Phone Number:		
Email Address:			
Date of Birth (Must be 18 or older):			

Facility Information

List all permitted Body Art Facilities where you are currently or planning on engaging in body art.

Facility #1 Name:	Address:	Phone #:
Facility #2 Name:	Address	Phone #:
Facility #3 Name:	Address:	Phone #:

Practitioner Self-certification

The registrant has knowledge of, and commitment to meet state law and relevant local regulations pertaining to body art safety, and;

The registrant has acquired adequate knowledge, experience and training to perform body art, or;

The registrant is training under the supervision of a locally registered and permitted practitioner in a body art facility that is permitted by DEH.

Name of Supervising Practitioner: _____ Phone #: _____

The undersigned hereby applies for a Body Art Owner / Practitioner Registration. I declare under penalty of perjury that to the best of my knowledge and belief, the information I have provided is true and accurate. I understand that to become and remain registered and eligible to provide Body Art services in the City of Berkeley, I must pay the annual registration fee established by the City under applicable law. I also agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety Code and/or City Ordinances.

 Practitioner's name (Printed) Practitioner's Signature Date

OFFICIAL USE ONLY

DATE RECEIVED:	COMMENTS:
RECEIVED BY:	
AMOUNT PAID:	
EH RECEIPT # :	
FACILITY ID # :	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
SPECIALIST:	EFFECTIVE DATE:



Statement of Intent to Obtain Hepatitis B Vaccine

I have received the risks/benefit sheet about Hepatitis B vaccine and have had the oppportunity to review that information. I understand that although the vaccine has been shown to be very effective, complete protection cannot be guaranteed. I understand that the vaccine is given as a series of three injections and that I should receive all three.

I wish to receive the Hepatitis B Vaccine and will contact my plan provider.

I have received a copy of the Exposure Control Plan.
 I have been advised of the availability of Personal Protective Equipment

 Practitioner's name (Print)

 Practitioner's Signature

 Date

 Employer representative's
 name (Print)

 Employer Representative's
 Signature

 Date

 Facility Name

 Facility Address



Statement of Declination to Receive Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself.

However, I decline Hepatitis B vaccination at this time and understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If 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.

I have reviewed information about my risk related to Hepatitis B and the vaccine, and I do not wish to receive the Hepatitis B vaccine.

I have received a copy of the Exposure Control Plan.
 I have been advised of the availability of Personal Protective Equipment.

 Practitioner's name (Print)

 Practitioner's Signature

 Date

 Employer representative's name (Print)

 Employer Representative's Signature

 Date

 Facility Name

 Facility Address



Mechanical Stud and Clasp Ear Piercing (MSCEP) Notification

Completion of this form will constitute with the California Health and Safety Code, Chapter 1, Article 7, Section 119325-119238. It is not intended in full or in part to fulfill requirements for Registered Body Artists or Facilities as set forth in Section 119300 through 119324 of the California Safe Body Art Act.

Please see reverse side for sanitation, jewelry, practitioner, and notification requirements.

Facility Information			
Owner's Name(s):			
Business Name (DBA):			
Site Address:	Berkeley	CA	Zip:
Daytime Phone:	Alternate Phone:		
Email:			

List of Address of Businesses Where MSCEP is Performed <input type="checkbox"/> N / A	
List all addresses of all businesses within the City of Berkeley that you will be operating AND the contact name and phone number for the person responsible at each location.	
Facility #1 Name:	Address:
Contact name:	Phone #:
Facility #2 Name:	Address:
Contact name:	Phone #:
Facility #3 Name:	Address:
Contact name:	Phone #:

The MSCEP will be conducted in compliance with requirements of Article 7 of the Safe Body Art Act and Berkeley Municipal Code (BMC) Chapter 11.70. Please advise the Division of Environmental Health of changes in business activity, owner's name, billing address, or contact information for responsible party.

<u>Signature(s)</u>	<u>Print Name & Title</u>	<u>Date</u>

OFFICIAL USE ONLY	
DATE RECEIVED:	COMMENTS / RESTRICTIONS / CONDITIONS:
RECEIVED BY:	
AMOUNT PAID:	
EH RECEIPT # :	
FACILITY ID # :	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SPECIALIST: EFFECTIVE DATE:

Mechanical Stud and Clasp Ear Piercing Notification-Summary

The following is a summary of pertinent sections of the California Safe Body Art Act and Berkeley Municipal Code (BMC) for Mechanical Stud and Clasp Ear Piercing facilities. Please note this summary is applicable ONLY for piercing ears with a single-use, pre-sterilized stud and clasp device. Piercing of any other part of the body and/or using any other type of manual or automatic device must fulfill additional practitioner registration and facility permit requirements not contained in this document or Notification Form.

California Health and Safety Code, Chapter 1, Article 7, Sections 119325, 119326, & 119327 (excerpted) and BMC Chapter 11.70 Sections 11.70.070 & 11.70.080.

Section 119325:

- (b) The area within a facility where mechanical stud and clasp ear piercing is conducted shall be safe and sanitary and shall not constitute a threat to the public health and safety, as reasonably determined by the local enforcement agency.
- (c) The mechanical stud and clasp device that is used to pierce an ear pursuant to this article shall be single-use, presterilized, stud and clasp only.
- (d) The single-use mechanical stud and clasp device used to pierce an ear pursuant to this article shall meet the jewelry requirements in subdivision (e).
- (e) Only jewelry made of ASTM F138, ISO 5832-1, and AISI 316L or AISI 316LVM implant grade stainless steel, solid 14-karat through 18-karat yellow or white gold, niobium, ASTM F 136 6A4V titanium, platinum, or other materials found to be equally biocompatible shall be placed in newly pierced skin.

Section 119326:

- (a) The local enforcement agency may require a facility that provides mechanical stud and clasp ear piercing services to submit a notification form, which shall be provided by the local enforcement agency in the jurisdiction in which the facility is located. If the local enforcement agency requires this notification form, the form shall include all of the following information:
 - (1) The address of all facilities within the jurisdiction where mechanical stud and clasp ear piercing will be performed.
 - (2) A statement that the mechanical stud and clasp ear piercing will be conducted in compliance with the requirements of this article.
 - (3) The contact information for the person responsible for compliance with this article and who the local enforcement agency should contact regarding complaints from the public regarding mechanical stud and clasp ear piercing at a facility listed in paragraph (1).

Section 119327:

- (a) A person piercing an ear with a mechanical stud and clasp piercing device shall meet the following requirements before providing mechanical stud and clasp ear piercing services:
 - (1) Is at least 18 years of age.
 - (2) Received one hour of training that covers all of the following topics:
 - (A) Proper use of the mechanical stud and clasp ear piercing device.
 - (B) Types of bloodborne pathogens and the prevention of the transmission of bloodborne communicable diseases.
 - (C) Proper hand hygiene.
 - (D) The safe and sanitary use of single-use equipment, including, but not limited to, gloves, towels, and disinfectant wipes.
 - (3) If the person will also be piercing the cartilage of the upper ear, that person shall also receive training on proper techniques for this type of piercing.

BMC 11.70.070 Body art facilities--Plan filing and inspection requirements:

It shall be unlawful for any person to commence construction, reconstruction or alteration of a body art facility or mobile body art facility without first submitting plans, specifications and such other information as may be required to determine compliance with this chapter and the Safe Body Art Act in advance of applying for any building, plumbing, or electrical permits for the facilities to be constructed, reconstructed or altered. (Ord. 7239-NS § 1 (part), 2012)

BMC 11.70.080 Permits or registration nontransferable:

A permit or registration issued pursuant to this chapter is for the exclusive use of the body art practitioner or facility that was issued the permit or registration and may not be transferred as to any other person at any time. (Ord. 7239-NS § 1 (part), 2012)