



Division of Environmental Health

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Body Art Practitioner Registration Renewal Form

Use this form to verify or update current contact information on file for your registration. You may also use this form to update your place of practice. If you do not want to renew your body art practitioner registration, please indicate so on this form or contact our office.

Current Information

Make Updates Below

Practitioner Name:	
Mailing Address:	New Mailing Address:
Primary Phone Number:	New Primary Phone Number:
Email Address:	New Email Address:
Body Art Facility Name:	New Body Art Facility Name:
Facility Address:	New Facility Address:
Owner/Contact Name:	New Owner/Contact Name:
Owner/Contact Phone Number:	New Owner/Contact Phone Number:

List all names of facilities where you practice:

Blood-borne Pathogen Training: (Submit certificate for 2 hour training per California Health and Safety Code Section 119307)

Training Provided by: _____ Date Completed: _____

I choose not to renew my registration.

I hereby certify that all statements made in this application are true and correct. I agree to operate in accordance with all applicable state and local regulations regarding the California Health and Safety Code Sections 119300 through 119328.

Signature: _____

Date: _____

FOR OFFICE USE ONLY		
Fee Paid: <input type="checkbox"/> Cash #: _____ \$ <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Conf. #: _____	Date of Payment: _____ Registration mailed: _____	District: <input type="checkbox"/> Arcata <input type="checkbox"/> Mid-County <input type="checkbox"/> Eureka (North) <input type="checkbox"/> North <input type="checkbox"/> Eureka (South) <input type="checkbox"/> South
Registration #: _____		
Approving REHS/EHS Signature: _____		Signature Date: _____