



TATTOO, BODY PIERCING, AND PERMANENT COSMETICS LICENSURE REQUIREMENTS

Pursuant to the San Francisco Health Code, Article 40, Section 4005 and the California Health and Safety Code, Div. 104, Part 15, Chapter 17, Section 119306 of the Safe Body Art Act, no person shall employ or perform any body art, such as body piercing, tattooing, branding, or the application of permanent cosmetics until such a person is registered with the Department of Public Health.

BODY ART PRACTITIONER APPLICATION FOR REGISTRATION CARD - TEMPORARY EVENT

An applicant must complete and send all of the following to SFDPH for application to be considered as “COMPLETE”. Incomplete applications will not be processed and returned to sender.

1. ☐ Application for Registration Card
2. ☐ A check or money order payable to SFDPH
(see current fee schedule for practitioner application)
3. ☐ Driver's License or Photo ID
4. ☐ Current Blood Borne Pathogen Training Certificate
(must meet Cal OSHA requirement of not less than 2 hours of instruction).
5. ☐ Hepatitis B Vaccination Certificate or completed Declination Form

Attn: Body Art Program
SFDPH – Environmental Health Branch
49 South Van Ness Avenue, Suite 600
San Francisco, CA 94103

TATTOO & BODY ARTS PROGRAM
49 South Van Ness Avenue, Suite 600, San Francisco, CA 94103
Phone 415-252-3800 | Fax 415-252-3842



City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH BRANCH

TATTOOING, BODY PIERCING, AND PERMANENT COSMETICS

**APPLICATION FOR
REGISTRATION CARD**

The San Francisco Tattooing, Body Piercing, Permanent Cosmetics Ordinance requires persons or businesses that are engaged in the practice of tattooing, body piercing or permanent cosmetics to have an information document on-site and on-file with the Department of Public Health. An application will not be accepted until all applicable forms are completed and returned with the appropriate fee.

1. GENERAL PRACTITIONER INFORMATION

FULL LEGAL NAME (List alias in parenthesis if applicable)		HOME OR CELLPHONE NUMBER		EMAIL ADDRESS
HOME ADDRESS (Is this your mailing address? Yes No)		CITY	STATE	ZIP CODE
TYPE OF SERVICE PROVIDED: <input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Apprentice				
LIST ALL ESTABLISHMENTS WHERE YOU CURRENTLY OR INTEND TO ENGAGE IN THE PRACTICE OF TATTOOING, BODY PIERCING OR THE APPLICATION OF PERMANENT COSMETICS.				
FACILITY NAME	STREET ADDRESS (Is this your mailing address) Yes No		BUSINESS PHONE NUMBER	
FACILITY NAME	STREET ADDRESS		BUSINESS PHONE NUMBER	
FACILITY NAME	STREET ADDRESS		BUSINESS PHONE NUMBER	

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 SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH.									
Have you received a Hepatitis B (HBV) vaccination? Do you have documentation? Documentation is either a certificate of completion of vaccination or laboratory Evidence. Please provide a copy of the documentation. If you have not received a HBV vaccination, have you supplied the facility owner/operator with certification of HBV declination?	<table><tr><th>Yes</th><th>No</th></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>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
Have you received exposure control training (infection control/blood-borne pathogens)? If so, where and when?	<table><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"/>								

EHS Office Use Only

District	Census Tract	PE	Tax Account #	Employee #	Cert Type	Certificate #
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**TATTOOING, BODY PIERCING, AND PERMANENT COSMETICS
APPLICATION FOR REGISTRATION CARD**

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3. EXPERIENCE AND TRAINING

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

I am the person responsible for the implementation, administration and operation of the activities required to meet the requirements of the Tattooing, Body Piercing and Permanent Cosmetics Ordinance, including reporting of information for this application. I declare under penalty of perjury the information on this application and in other materials submitted in support of this application are true and correct. I hereby consent to all necessary inspections made pursuant to the Tattooing, Body Piercing and Permanent Cosmetics 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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FOR OFFICE USE ONLY

Special Notes _____

Filing Fee _____

Out of Business
Notification _____

INSPECTOR'S REPORT

To the Director of Public Health –

After having made a careful review of the above case on _____, 2 _____

I RECOMMEND the issuance of a New Registration Card ☐

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

PRINCIPAL INSPECTOR

INSPECTOR



Hepatitis B Vaccine Declination Form

Appendix A to Section 1910.1030 --- Hepatitis B Vaccine Declination (Mandatory) (HIPAA Protected)

I understand that due to my occupational exposure to blood or Other Potentially Infectious Materials (OPIM) 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 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.

Applicant:

Date: _____

Printed Name: _____

Signature: _____

Employer:

Date: _____

Printed Name: _____

Signature: _____



Bloodborne Pathogen (BBP) Training Courses*

BloodBorne Pathogen (BBP) training which meets Cal/OSHA's Bloodborne Pathogens Standard 8 CCR 5193 is required for persons who may be exposed to BBP while performing their routine work functions. This includes, but not limited to: tattoo artists, permanent cosmetics professionals, and body piercers. Additionally, Cal/OSHA and The Safe Body Art Act (AB 300) requires that the training and training material must be specific to performing body art. **BBP training contact time must meet a minimum of 2 hours.** Training must be renewed annually. Records must be kept for a minimum of 3 years. Should a class be taken that does not meet these requirements, SFDPH will require that another training class be taken following the same requirements.

Above Training, Inc.

California Bloodborne Pathogens Training for Body Arts
(801) 494-1416
www.abovetraining.com/bbp.php

Biologix Solutions LLC

Online: Bloodborne Pathogens for California Body Art
(816) 242-0045
<https://blxtraining.com/tattoopiercing-bbp/>

Body Art Training Group

(858) 792-1630
<https://www.yourtrainingplace.com/courses>

Pro Training: Bloodborne Pathogens

(818) 406-7487
https://www.protrainings.com/en/courses/274-california-compliant-bloodborne-for-body-art?topic_id=2

Industry Specific BBP Training

Lee A. Ballesteros
804 West 3rd Street
Antioch, CA 94509
(925) 778-9069
contactLeeB@gmail.com

Health and Safety Classes

OSHA Authorized
Instructor: Maria Kian
(916) 996-3435
<http://healthandsafetyclasses.com/>

BloodBorne Pathogen Prevention Training

Institute of America
(805) 458-7809
<http://www.bbptraining.com/>

Cathy Montie's Body Art Training Company

(619) 303-5893
<http://www.cathymontie.com/classes-bbp-usa.php>

Eduwhere Bloodborne Pathogen Training

(866) 523-9108
<http://www.eduwhere.com/courses.php>

Society of Permanent Cosmetics Professional

(847) 635-1330
<https://www.spcp.org/>

Alliance of Professional Tattooists, Inc.

(520) 514-5549
<http://www.safe-tattoos.com/>

Association of Professional Piercers Online

https://www.safepiercing.org/online_courses.php

**Please be advised that inclusion on this list is in no way to be considered an endorsement of the training provided. The providers on this list are not affiliated with the City and the City does not endorse one of provider over the others.*