



City and County of San Francisco

DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION

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

Form with fields for: FULL LEGAL NAME, HOME PHONE NUMBER, DRIVER'S LICENSE, HOME ADDRESS, CITY, STATE, ZIP CODE, TYPE OF SERVICE PROVIDED (Tattoo, Body Piercing, Permanent Cosmetics, Apprentice), 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.

2. HEPATITIS B VACCINATION AND EXPOSURE CONTROL TRAINING

Form with questions: 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? 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? Have you received exposure control training (infection control/blood-borne pathogens)? If so, where and when?

3. FEES

Table with 3 columns: APPLICATION TYPE, INITIAL FEE, RENEWAL FEE. Rows include: REGISTRATION OF PRACTITIONER (\$ 25.00), ANNUAL PRACTITIONER REGISTRATION FEE (\$ 25.00), TEMPORARY PRACTITIONER REGISTRATION (\$25.00 FIRST DAY, \$10.00 PER DAY THEREAFTER).

EHS Office Use Only

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District	Census Tract	PE	Tax Account #	Employee #	Cert Type	Certificate #
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4. 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 _____, 20____

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