



TATTOO, BODY PIERCING, AND PERMANENT COSMETICS LICENSURE REQUIREMENTS

No person shall perform tattooing, application of permanent cosmetics, or body piercing unless such a person is registered with the Department of Public Health to perform tattooing, permanent cosmetics, or body piercing. Upon completion of all the requirements of registration, the applicant will receive a permit.

Complete the following:

- (1) Application for Registration Card (front and back). \$100 application fee to SFDPH.**
- (2) Attach evidence of Training in tattoo/body piercing.**
- (3) Attach proof (certificate) of training received in Universal Precaution of Blood Borne Pathogens or sanitation/sterilization techniques designed to prevent cross contamination.**
- (4) Copy of valid ID.**
- (5) Copy of Hepatitis B Vaccination or Declination Form.**
- (6) Did you complete all above items? If yes, submit application. Incomplete applications will delay the process and will be returned.**
- (7) Prior to the issuance of your permit, pay the San Francisco Tax Collector at City Hall for your permit. \$100 annual permit fee.**

Important Licensure Reminders

The practitioner is responsible for paying the yearly license fee to the Tax Collector's Office. Failure to pay the yearly license fee will result in the closure of your account. If your account is closed, you will need to start the application process over. If found practicing without a SFDPH permit or invalid permit, the health inspector will cite you to the Director's Hearing, which may lead to fines.

If you have an address change or wish to close your account, you must notify the San Francisco Health Department in writing and mail to: SFDPH, Attn: Body Art Program, 1390 Market Street, Suite 210, San Francisco, CA 94102.



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 (Give aka in parenthesis if desired)		HOME PHONE NUMBER		DRIVER'S LICENSE	
HOME ADDRESS		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 ENGAGE IN THE PRACTICE OF TATTOOING, BODY PIERCING OR THE APPLICATION OF PERMANENT COSMETICS.					
FACILITY NAME		STREET ADDRESS		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 border="1"> <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 border="1"> <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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Page 2 of 2

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 _____, 20____

I RECOMMEND the issuance of a New Registration Card

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

PRINCIPAL INSPECTORINSPECTOR



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: _____