



Environmental Health – Body Art Program  
 County of Orange Health Care Agency  
 1241 E Dyer Road, Suite 120, Santa Ana, CA 92705  
 (714) 433-6000

# WARNING

## BODY ART PRACTITIONER REGISTRATION RENEWAL

**Your Body Art Practitioner Registration has or will expire. You must renew your registration in order to perform body art.**

To renew your registration, you must do the following:

Provide proof of completion of a minimum of two hours of an approved Bloodborne Pathogens (BBP) Exposure Control refresher/update training from an approved training provider.

Visit [www.ochalthinfo.com/eh/more/bodyart](http://www.ochalthinfo.com/eh/more/bodyart) for list of approved courses and training providers.

Review current registration information below – This is your renewal form. Provide changes or additions on this form. Sign and Submit this form along with current, annual BBP Training certificate to this Agency.

This is the only notice that you will receive. If you do not submit the renewal form within 60 days, your Practitioners Registration will expire and your account will be inactivated. You may be charged additional fees to re-activate your account. Practicing body art without a current Registration is subject to fines and penalties. Additionally, the Health Permit for a facility where you are performing body art may be suspended due to unregistered artists working at the facility. The facility/shop/studio may incur fines and penalties for having unregistered artists.

You may FAX your renewal and certificate to (714) 754-1768 or scan and email to [ocbodyart@ochca.com](mailto:ocbodyart@ochca.com)

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### CURRENT INFORMATION

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### CHANGES/UPDATES

Name: _____ Address: _____ _____ _____ E-mail Address: _____ Phone: _____ Mailing Address: _____ _____ Primary Location of Practice: (shop/studio name) _____ _____	_____ _____ _____ _____ _____ _____ _____
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*I certify that I have adequate training and knowledge of, and a personal commitment to safely perform body art activities pursuant to state law and relevant local regulations.*

SIGNATURE: \_\_\_\_\_

No Signature Required if Submitted by Email

BLOODBORNE PATHOGEN TRAINING Certification (enclosed)

Current Expiration Date:		
«Facility_ID»:	«Record_ID»:	