

# BODY ART TECHNICIAN REGISTRATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work # \_\_\_\_\_

This location must be permitted as a Body Art Facility for the registration to be considered completed.

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Received a copy of "REGULATIONS FOR BODY ART FACILITIES"

Received a copy of notification for clients advising them about risk.

Have received the Hepatitis B vaccination #1 \_\_\_ / \_\_\_ / \_\_\_ #2 \_\_\_ / \_\_\_ / \_\_\_

**Or** filed a declination form for Hepatitis B

Exposure Control Plan has been submitted

\$25.00 fee paid

Blood Borne Pathogen Course Attended/or/Procedural inspection completed

**All items on this list must be completed before a registration will be issued.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_