



## Application for Certificate of Registration to Perform Tattooing, Body Piercing, or Permanent Cosmetics

Pursuant to California Health and Safety Code, Chapter 7, Section 119303

Name	Phone Number
Facility Name (If operating in additional facilities within this county please list names and addresses on back)	
Facility Address	
City, State, Zip	
Billing Address	
City, State, Zip	

**Please indicate the services that you will be providing:**

✍️ **Tattooing** – Inserting pigment under the surface of the skin by pricking with a needle or otherwise, to permanently change the color or appearance of the skin or to produce an indelible mark or figure visible through the skin. This includes but is not limited to, eyeliner, lip color, camouflage, stencil designs and free hand designs.

✍️ **Body Piercing** – The creation of an opening in the human body for the purpose of inserting jewelry or other decoration. This includes but is not limited to, piercing of an ear, lip tongue, nose or eyebrow. Body piercing does not, for the purpose of this definition, include piercing the leading edge or earlobe of the ear with a sterile, disposable, single-use stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear.

✍️ **Permanent Cosmetics** – The application of pigments to or under the skin of a human being for the purpose of permanently changing the color of other appearance of the skin. This includes, but is not limited to, permanent eyeliner, eye shadow, or lip color.

I declare that to the best of my knowledge the information that I have provided is true and accurate. I also agree to conform to all conditions, orders and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I shall also inform Contra Costa Environmental Health of any changes to pertinent information.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date