



County of Santa Cruz
 Department of Environmental Health
 Consumer Protection Division
 (831) 454-2022
www.scceh.com



Body Art Registered Practitioner
Notification of Change in Work Status

Registration #: _____
(Practitioner's regist. #)

_____, an artist/piercer/permanent cosmetics practitioner
(Print name of registered individual)

started/stopped working at the shop as of ____/____/____

Reported by: _____, Owner/Manager of _____
(Print name of reporting person) (Print business/shop name)

Permit number: _____ located at: _____
(Facility's permit #) Street # Street Name City Zip

E-mail: _____ @ _____ Phone: (____) _____
(Owner/Manager's e-mail address) (Owner/Manager's phone number)

-Keep this copy for your records-



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E-mail: _____ @ _____ Phone: (____) _____
(Owner/Manager's e-mail address) (Owner/Manager's phone number)

Mail to: Body Art Program, 701 Ocean St., #312, Santa Cruz, CA 95060, Fax to: **831 454-3128**
 or E-mail to: <mailto:Env.Hlth@co.santa-cruz.ca.us>

OFFICE USE ONLY: Verified by: _____ Date: ____/____/____ Inactivated by (initials): _____ Date: ____/____/____