

| | |
|--------------------------------------|-----------|
| FACILITY ID# | _____ |
| <input type="checkbox"/> BILL BY ASU | CT# _____ |
| EMD RECEIPT # | _____ |
| AMOUNT PAID | _____ |
| DATE PAID | _____ |

MECHANICAL STUD AND CLASP EAR PIERCING NOTIFICATION

| | | | |
|--|----------------------|-----------|--|
| TYPE OF PERMIT: | FEE | PE | |
| <input type="checkbox"/> MECHANICAL STUD AND CLASP EAR PIERCING NOTIFICATION | \$45.00 PER FACILITY | 4577 | MAKE CHECKS PAYABLE TO COUNTY OF SACRAMENTO |

| | | |
|--------------|---|-----------------|
| OWNER | Full Legal Name (Please Print) _____ | Phone () _____ |
| | Home Address _____ City _____ State _____ Zip _____ | |
| | Email Address _____ | |

| | | |
|-------------------------------|---|-----------------|
| FACILITIES INFORMATION | Facility Name _____ | Phone () _____ |
| | Facility Address _____ City _____ State _____ Zip _____ | |
| | Facility Name _____ | Phone () _____ |
| | Facility Address _____ City _____ State _____ Zip _____ | |
| | Facility Name _____ | Phone () _____ |
| | Facility Address _____ City _____ State _____ Zip _____ | |
| | Facility Name _____ | Phone () _____ |
| | Facility Address _____ City _____ State _____ Zip _____ | |
| | Facility Name _____ | Phone () _____ |
| | Facility Address _____ City _____ State _____ Zip _____ | |

I hereby certify that as the owner of the above mentioned mechanical stud and clasp ear piercing facility business will be conducted according to the California Safe Body Act AB300 Sections 119326-119327. A person piercing an ear with a mechanical stud and clasp piercing device shall meet the following requirements before providing mechanical stud and clasp ear piercing services: (1) is at least 18 years of age, (2) received one hour of training that covers all of the following topics: (a) proper use of the mechanical stud and clasp ear piercing device, (b) types of bloodborne pathogens and the prevention of the transmission of bloodborne communicable diseases, (c) Proper hand hygiene, (d) the safe and sanitary use of single-use equipment, including but not limited to, gloves, towels, and disinfectant wipes. (3) if the person will also be piercing the cartilage of the upper ear, that person shall also receive training on proper techniques for this type of piercing.

Facility Owner signature _____ Date _____
 Approved by _____ Date _____