

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

## MECHANICAL STUD AND CLASP EAR PIERCING NOTIFICATION

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

<b>OWNER</b>	Full Legal Name (Please Print) _____	Phone ( ) _____
	Home Address _____ City _____	State _____ Zip _____
	Email Address _____	

<b>FACILITIES INFORMATION</b>	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 \_\_\_\_\_