

ATTLEBORO HEALTH DEPARTMENT

77 PARK STREET
ATTLEBORO MA 02703
508- 223-2222 EXT. 3241

Practitioner ID: _____

Fee: \$50.00

Permit # Issued _____

Body Art Practitioner Permit Application

Permit type this application is for: Piercing Tattooing Both

1) Name:	D.O.B.
2) Address:	
3) Mailing Address (if different):	
4) Telephone No:	24 Hour Emergency No:

Permitted to practice at:

Name of establishment:	Address of establishment:
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Training:

Course in Anatomy and Physiology (body piercing only):	<input type="checkbox"/> Yes <input type="checkbox"/> No	copy attached? <input type="checkbox"/>
Course in integumentary (skin) system (tattoo and branding only):	<input type="checkbox"/> Yes <input type="checkbox"/> No	copy attached? <input type="checkbox"/>
Certificate in First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	copy attached? <input type="checkbox"/>
Preventing Disease Transmission	<input type="checkbox"/> Yes <input type="checkbox"/> No	copy attached? <input type="checkbox"/>
Bloodborne Pathogen Training:	<input type="checkbox"/> Yes <input type="checkbox"/> No	copy attached? <input type="checkbox"/>
Certificate in C.P.R.:	<input type="checkbox"/> Yes <input type="checkbox"/> No	copy attached? <input type="checkbox"/>

Experience:

Attachments: Copy of Photo I.D. Copy of Hep B Immunization record

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that I have received, read and understand the requirements of the Attleboro Health Department's Body Art Regulations.

Signature of Practitioner: _____ Date: _____