



The Commonwealth of Massachusetts

APPLICATION FOR BODY ART PRACTITIONER PERMIT

_____ 20____
(Date)

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the Statutes relating thereto, application for a Body Art Practitioner's Permit is hereby made by

Name _____
(Full Name of Person Making Application)

(Place of Employment)

(Business Address) Zip Code: _____

Business Telephone: _____

TO BE SUBMITTED WITH APPLICATION:

- ❖ PROOF OF A CURRENT HEPATITIS B VACCINATION
- ❖ PROOF OF REQUIRED TRAINING OR EXPERIENCE

(Signature of Applicant)

(Date of Birth)

(Home Address)

(Mailing Address if Different)

(Home Telephone)