

TOWN OF EASTON



BOARD OF HEALTH

136 ELM STREET  
NORTH EASTON, MA 02356-0129  
Tel. (508) 230-0620

**The Commonwealth of Massachusetts**

**APPLICATION FOR BODY ART PRACTITIONER PERMIT**

TATTOO PRACTITIONER

TATTOO APPRENTICE

\_\_\_\_\_ 20\_\_\_\_  
(Date)

**TO THE LICENSING AUTHORITIES:**

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

Name \_\_\_\_\_  
(Full Name of Person Making Application)

\_\_\_\_\_  
(Place of Employment)

\_\_\_\_\_  
(Business Address)

Business Telephone: \_\_\_\_\_

I, the undersigned, acknowledge that I have received, read and understand the requirements of the body art regulations.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Home Address)

\_\_\_\_\_  
(Home Telephone)

**Documents supporting the information provided on the back of this form, along with a photo ID, and the permit fee, must be submitted to the BOH for review.**

REVIEW CHECKLIST - Tattoo

**2.01 BODY ART PRACTITIONER PERMIT: APPLICATION**

2.01 a (3)  Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_

2.01 b  Practitioner over 18 years of age  
 Verified with Photo ID

**2.03 PRACTITIONER HEPATITIS B VACCINATION STATUS**

2.03 a  Completed vaccination course (3 shots)  
 Laboratory confirmation of vaccination status  
OR  
 Documentation of contraindication  
OR  
 Certificate of vaccination declination for HBV

**2.04 PRACTITIONER REQUIRED TRAINING AND EXPERIENCE**

2.04 B  Blood borne Pathogen training  
Provider: \_\_\_\_\_ Expires: \_\_\_\_\_  
 First Aid  
Provider: \_\_\_\_\_ Expires: \_\_\_\_\_  
 CPR  
Provider: \_\_\_\_\_ Expires: \_\_\_\_\_

2.04D1  Completed course in Anatomy and Physiology  
Provider: \_\_\_\_\_ Grade: \_\_\_\_\_  
OR  
 Other BOH approved course  
Provider: \_\_\_\_\_

2.04D2  2 years experience \_\_\_\_\_  
OR  
 Has completed a course from an accredited or approved school or program recognizes by the Easton BOH

**3.00 CLIENTS**

3.01 (a)  Written and verbal health warning form  
3.01 (b)  Consent Form  
3.02 (a)  After-care instructions for body art site  
3.02 (b)  Required signatures  
3.01 ©  BOH after care instructions approval date

**2.04D2 APPRENTICE ONLY**

SUPERVISING PRACTITIONER  
NAME \_\_\_\_\_  
ESTABLISHMENT \_\_\_\_\_