

APPLICATION FOR PERMIT

Application Date: \_\_\_\_\_ New application  Renewal

Please print clearly and complete the following:

Name: \_\_\_\_\_  
Last name First name Middle initial

Date of Birth: \_\_\_\_\_  
Month Day Year

Identification:  
Type of Identification Card:  State Drivers License  
 State Identification Card

License or Identification Card number: \_\_\_\_\_  
State and number

Practitioner License Type:  Body Piercing (only)  
 Tattooing, Branding and Scarification (only)  
 Both

Body Art Facility Name: \_\_\_\_\_

Body Art Facility Address: \_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip

Facility Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_  
area code

Body Art Facility Owner  
(if different from practitioner applicant): \_\_\_\_\_  
Please print clearly

You must provide the following:

- A. **Evidence of course completion in Prevention of Disease Transmission & Blood Borne Pathogen Training** (applicant must show a dated certificate of completion for training course that fulfills the requirements of 29 CFR 1910.1030 et seq.)
- B. **Evidence of current certification if First Aid / CPR** (applicant must show a dated certificate of completion of a course in First Aid / CPR that demonstrates the required course was completed within the last two (2) years)
- C. **Proof of satisfactory completion of a course in Anatomy and Physiology I & II** (or Department-approved course if seeking Tattooing, Branding and Scarification Practitioner License ONLY)
- D. **Proof of completion of an approved apprenticeship training program OR Evidence of two years actual experience**
- E. **Documentation of Hepatitis B Virus (HBV) Vaccination Status**

**Applicant / Body Art Practitioner Licensee Statement of Consent:**

*I understand that this practitioner license expires on December 31 of this year. I understand that any notice required to be given by the Pembroke Board of Health to me may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the Pembroke Board of Health. I have received a copy of the Town of Pembroke, Massachusetts Regulations for Body Art and Tattooing TPR #124. I agree to abide by these regulations and procedures. I agree to work only out of a facility that is in compliance with Pembroke Board of Health requirements and has a valid Body Art Establishment License. I agree to have my Body Art Practitioners License conspicuously posted within the establishment where I work.*

*I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Please print clearly