

**Ayer Board of Health  
1 Main Street  
Ayer, Ma 01432  
978-772-8213**

**Body Art Practitioner Application**

\_\_\_\_\_ New Application    \_\_\_\_\_ Renewal    \_\_\_\_\_ Tattoo    \_\_\_\_\_ Piercing

Fee of \$175.00 due with the application (Permit is valid for 2 years)

Practitioner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

EstablishmentName \_\_\_\_\_

Business Location \_\_\_\_\_

Phone  
Number \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth (applicant) \_\_\_\_\_

Required documents (submit a copy of at least one)

Mass Drivers License  
Passport (number and exp. Date)  
State ID card

The following will be required for all Body Art Establishments/Practitioners:

1. First Aid/CPR Certification
2. Completion of Prevention of Disease Transmission and Blood Pathogens (OSHA)

Applicants for body piercing practitioner shall provide documentation that a course has been completed in human anatomy.

Body Art Practitioners must submit documentation that he/she has completed a course on skin diseases, disorders and conditions, including diabetes, or completed an examination on skin diseases, disorders and conditions, including diabetes, or possesses a combination of training and experience deemed acceptable to the Board.

Medical history of any communicable diseases

Have you ever been diagnosed with?

\_\_\_\_\_ Hepatitis                      \_\_\_\_\_ Tuberculosis

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

### Application Statement of Consent

I understand that this license is valid only in the town of Ayer, Massachusetts and expires two years after the date that it is issued. I further understand that I must have a valid license to practice in the Town of Ayer and that the license is only valid for the conduct of those body art practices for which I have applied, as listed on the license. I also understand that any notice to be mailed to my address indicated on this application and a copy of such notice will also be mailed to the operator of the Body Art Establishment that I have indicated above.

I have received a copy of the Ayer Board of Health Body Art Regulations. I have read and understand the obligations and requirements imposed upon a licensed Body Art Practitioner by those regulations. I also agree to comply with all the regulation requirements specified in the Ayer Board of Health Body Art Regulations while practicing in the town of Ayer.

I hereby certify, under penalties and pains of perjury, that to the best of my knowledge the information provided on this application is complete and accurate and in no way misrepresented.

Signature of Applicant \_\_\_\_\_

Full Name \_\_\_\_\_

Date \_\_\_\_\_