



Town of Mansfield - Board of Health

**Town of Mansfield
6 Park Row
Mansfield, MA 02048**

Apprentice Practitioner's Application for Offering Body Art Services

OPERATOR NAME: _____

Please attach recent identification photograph here (with head and shoulders, front view,) approximately 2x3 inches in size. Clear photocopies are acceptable.

DATE OF BIRTH: _____ *(A practitioner shall be a minimum of 18 years of age.)*

RESIDENCE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER OF OPERATOR: _____

EMAIL OF OPERATOR: _____

PLACE OF EMPLOYMENT AS A PRACTITIONER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER OF ESTABLISHMENT: _____

TYPE OF PRACTITIONER PERMIT APPLYING FOR: *(Check all that apply)*

- Tattooing
- Body Piercing
- Micropigmentation

PROJECTED DATE FOR BEGINNING OR RENEWAL: _____

IF A TIME LIMITED EVENT, NAME AND ADDRESS OF EVENT: _____ DATE OF EVENT: _____

Please attach copies of appropriate documentation

First Aid and CPR Certifications for tattoo and piercing

American Red Cross Standard First Aid Certificate expires:

American Red Cross CPR/AED - Adult Certificate expires:

Preventing Disease Transmission and/or Bloodborne Pathogen Training

Bloodborne Pathogens Certificate expires:

Course work / training on human anatomy (body piercing only)

Course work / training on skin diseases, disorders and conditions for tattoo and piercing

Hepatitis B vaccination status or Declination Notification Letter

Signed and notarized agreement with a permitted Body Art Practitioner

Applicant Statement of Consent: I have recieved and read a copy of the Town of Mansfield Board of Health Regulations for Body Art and understand the requirements of these regulations. I hereby apply for a license in accordance with the provisions of the Town of Mansfield Board of Health Regulations for Body Art Establishments made under the authority of M.G.L. c.111 § 31.

Practitioner permits shall be valid from the date of issuance and shall expire on the last day of the year of issuance unless revoked sooner by the Board.

Signature: _____ Date: _____

FEE: \$75.00