



CITY OF LOWELL

Health Department
107 Merrimack St 4th Floor
Lowell, MA 01851
978-970-4010 (Phone)
978-970-4011 (Fax)

APPLICATION FOR BODY ART APPRENTICE LICENSE FOR TATTOOING

Complete and return this form with \$250.00 registration/renewal fee (made out to: *City of Lowell*) to the above address. Upon satisfactory review of the application and receipt of the license fee, a numbered apprentice license will be issued by the Lowell Health Department. Such license is for two years from date of issuance or termination of apprenticeship. Apprenticeship must be two years with a licensed Body Art Practitioner and with a minimum of 1800 hours apprentice work completed within the two years.

1. **Name** _____
Last First Middle Initial

2. **Address** _____
Number Street Apt.

City State Zip

3. **Contact Info:** Home Phone _____ Cell: _____ E-mail: _____

4. **Identification**
Type of identification used State Driver's License State Identification Card
License or Identification Card Number: State _____ Number _____

5. **Name of Licensed Body Art Practitioner to be supervising tattooing apprentice:**

6. **Body Art Facility where Apprenticeship will be completed** _____

7. **Body Art Facility Address where Apprenticeship will be completed** _____

8. **Facility Telephone** _____

9. **Body Art Facility Owner** _____

10. **Owner's Contact Info:** Phone number (not establishment's) _____
E-Mail: _____

9. Applicant must provide the following:

- a. Completed Application and license fee of two hundred fifty dollars (\$250.00) payable by check or money order made out to the City of Lowell.
- b. Letter signed by the Licensed Body Art Practitioner who will oversee the applicant's entire apprenticeship program.
- c. Letter signed by Establishment Owner acknowledging the apprentice status of the applicant and indicating the Licensed Practitioner who will be overseeing the two year training of the applicant.
- d. Evidence of successful course completion in Prevention of Disease Transmission & Blood Borne Pathogen Training. (Applicant must show a dated certificate of completion with grade verification, for training course which fulfills the requirements of 29 United States Code 1910.1030 et seq.).
- d. Evidence of current certification in American Red Cross Basic First and Advanced CPR. (Applicant must show a dated certificate of completion of a course in First Aid and advanced CPR that demonstrates the required course was completed within the last two (2) years).
- e. Proof of satisfactory completion of a course, with a grade of C or better, in Anatomy and Physiology I & II from an accredited college (or Department-approved skin course if seeking Tattoo Practitioner License ONLY) with transcript or verification of passage of the course mailed directly to the Health Department.
- f. Documentation of Hepatitis B Virus (HBV) Vaccination Status.
- g. A sample of the apprentice client consent form to be used during apprenticeship must be submitted with completed application.
- h. Proof of Identification

APPLICANT/BODY ART APPRENTICE LICENSEE STATEMENT OF CONSENT

I understand that this apprentice license expires two years from the date of issuance or upon termination of the apprenticeship. I also understand that I am responsible for contacting the Lowell Health Department with any change of address. I agree to abide by the City of Lowell Regulations promulgated under M.G.L. c111 s.31 governing Body Art. I agree to work only out of a facility that is in compliance with Lowell Health Department requirements and has a valid Body Art Establishment License. I agree to only work with the Licensed Body Art Practitioner named as my supervisor on this application. I agree to have my Body Art Apprentice License conspicuously posted within the establishment where I work. I have read and understood the prohibitions put forth in, but not limited to, sections 10.12, 13.7, 15.09 and 18 of the Lowell Health Department Regulations Governing Body Art.

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.

Date

Signature

Name and Title (print)

<p>OFFICE USE ONLY</p> <p><input type="checkbox"/> Approved, Effective Date: _____ License # _____</p> <p>Fee paid: _____ Check # _____</p> <p>License Approved: Tattoo Apprentice License number: _____</p> <p><input type="checkbox"/> Disapproved, Comment: _____</p>
