



# CITY OF LOWELL

Health Department  
107 Merrimack St 4<sup>th</sup> floor  
Lowell, MA 01852  
978-970-4010 (Phone)  
978-970-4011 (Fax)

## APPLICATION FOR BODY ART PRACTITIONER LICENSE

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 practitioner license will be issued by the Lowell Health Department. Such license is valid from January 1<sup>st</sup> to December 31<sup>st</sup>.

**New Application**

**Renewal**

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. **Practitioner License Type:**  **Body Piercing (only)**  
 **Tattooing (only)**  
 **Both**

6. **Body Art Facility Name** \_\_\_\_\_

7. **Body Art Facility Address** \_\_\_\_\_

8. **Facility Telephone** \_\_\_\_\_

9. **Body Art Facility Owner** (if different from practitioner applicant) \_\_\_\_\_

10. **Owner's Contact Info:** Phone number (not establishment's) \_\_\_\_\_

E-Mail: \_\_\_\_\_

10. Applicant must provide the following:

- a. **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.).
- b. **Evidence of current certification in American Red Cross Basic First Aid or its equivalent and Advanced 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, with a grade of C or better, in Anatomy and Physiology I & II from an accredited college (or Department-approved course if seeking Tattoo Practitioner License ONLY).**
- d. **Documentation of Hepatitis B Virus (HBV) Vaccination Status**
- e. **Evidence of two (2) years actual experience in the practice of performing Body Art activities or evidence of a completed apprenticeship program as approved by the Commonwealth of Massachusetts or the City of Lowell Health Department.**
- f. **Proof of identification.**
- g. **Letter of hire from owner of the Body Art Facility.**

**APPLICANT/BODY ART PRACTITIONER LICENSEE STATEMENT OF CONSENT**

*I understand that this practitioner license expires on December 31<sup>st</sup> of this year. I understand that any notice required to be given by the Lowell Health Department 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 Lowell Health Department. I also understand that I am responsible for contacting the Lowell Health Department with any change of address. I acknowledge that I am responsible for the renewal of this license by December 31<sup>st</sup> of each year regardless of notice from the Lowell Health Department. 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 have my Body Art Practitioners 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)

|   |                 |
|---|-----------------|
| <b>OFFICE USE ONLY</b>                                      |                 |
| <input type="checkbox"/> Approved, Effective Date: _____    | License # _____ |
| Fee paid: _____   | Check # _____   |
| License Approved: Piercing _____ Tattooing _____ Both _____ |                 |
| <input type="checkbox"/> Disapproved, Comment: _____        |                 |