



Lisa Golden, RN, MSN
Director of Health & Human Services
978.674.1050

Application For Body Art Practitioner License

NEW APPLICATION RENEWAL

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 1st to December 31st.

1. Name _____

2. Address _____
Number Street Apt

_____ City State Zip

3. Home Phone (____) _____ Cell Phone (____) _____ Birth date: ____/____/____

4. Home email: _____

5. Identification Type of identification used:

State Driver's License State Identification Card Valid Passport (Copy of ID must be provided)

6. Practitioner License Type: Body Piercing (only)

Tattooing (only)

Microblading (only)

7. Body Art Facility Name _____

8. Body Art Facility Address _____

9. Facility Telephone _____

10. Body Art Facility Owner (if different from practitioner applicant) _____

11. Owner's Contact Info (Phone) _____ Email _____



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12. Applicants must provide the following: Highlighted sections are required for renewal applications. All sections are required for new applicants.
- ___ a. Evidence of successful renewal of 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 past two (2) years and is current).
 - ___ c. Photocopy of current State Driver’s License/State Identification card/valid current passport.
 - ___ d. Copy of current valid state license issued by the MA Board of Professional Licensure-Div of Cosmetology & Barbering. (Microblading only)
 - ___ 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/university (or Department-approved course if seeking Tattoo Practitioner License only). Microblading applicants must provide additional documentation as provided on attached page.
 - ___ f. 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 as required by Section 10.05(6)(7). Microblading applicants must provide additional documentation as provided on attached page.
 - ___ g. Documentation of Hepatitis B Virus (HBV) Vaccination Status
 - ___ h. Letter of hire from the owner of the licensed Body Art Facility (section 10.15) is required upon initial applications or upon change of employment between establishments.
 - ___ i. Copies of client consent and aftercare instructions on establishment letterhead. Such forms must reflect the permanence of body art and that body art cannot be performed on minor clients. Microblading applicants must provide additional documentation as provided on attached page.

APPLICANT/BODY ART PRACTITIONER LICENSEE STATEMENT OF CONSENT

I understand that this practitioner license expires on December 31st annually. 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 or employment. I understand that I am responsible for updating required certificates/licenses under Section 10.05 and submitting copies to the Lowell Health Department.

I acknowledge that I am responsible for the renewal of this license by December 31st of each year regardless of notice from the Lowell Health Department. I have received a copy of the City of Lowell Regulations promulgated under M.G.L. c111 s.31 governing Body Art, and agree to abide by these regulations and procedures. 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. Additionally, I certify that I am aware of Section 10.12 regarding Restriction of Certain Body Art Activities.

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)



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ADDITIONAL REQUIREMENTS FOR MICROBLADING APPLICANTS

- ___j. New applicants must include proof of two (2) years of experience in microblading as required in section 10.05(6)(a) or 10.05(6)(c). Copies of previous licensing must be provided with applications as required by section 10.05(7).
- ___k. Copy of the required documentation in Section 10.05(3) of the Body Art Regulations, inclusive of course curriculum schedule/table of contents showing a minimum of 100 hours of instruction time and accreditation by the AAM or SPCP. For applicants who cannot meet the requirements of Section 10.05(3), proof of meeting the requirements of Section 10.05(6)(c) must be provided.
- ___l. Copy of current, valid Certified Permanent Cosmetic Professional (CPC) Certification as offered by the Society of Permanent Cosmetic Professionals; or current, valid Gold or Diamond level membership in the American Academy of micropigmentation.
- ___m. A copy of the price list for services being conducted outside the applicant's Cosmetology license if such price list has not been set by the Body Art Establishment. Such price list must be submitted to the Health Department upon any changes/modifications.
- ___n. Copy of client consent form notifying that client that the Practitioner is operating outside of their valid Massachusetts Cosmetology license and meets the additional requirements of Section 13.02.