

**Town of Wakefield
Board of Health
William J. Lee Memorial Town Hall
One Lafayette Street
Wakefield, MA. 01880
Tel. (781) 246-6375 Fax. (781) 224-5018**



Application for Body Art – Licensed Artist Permit
Permit Fee: \$100.00

(Please Print)

Name of Applicant: _____

Residence Address: _____

Home Phone No.: _____ Cell Phone No.: _____

Name of Establishment: _____ Bus. Phone No. _____

Business Address: _____

Have you provided written documentation that you are at least 18 years of age? YES NO

Have you provided evidence of completion of a basic CPR and First Aid Class? YES NO

Have you provided evidence of completion of an OSHA course on Prevention of Disease Transmission and Blood Borne Pathogens? YES NO

Have you provided evidence of completion of a college level basic Anatomy and Physiology course? (Video course is not allowed.)

Have you submitted evidence of completion of a 40-hour course in basic micro-pigmentation? (Video course is not allowed.)

Have you submitted a medical form and/or health record stating that you are negative for tuberculosis? YES NO

Have you submitted evidence of completing one year of apprenticeship under the supervision of a trained, experienced, professional piercer on live models? YES NO

Have you submitted a copy of your policy for infection control to the Wakefield Board of Health? YES NO

I verify that I have read and understand the Wakefield Board of Health Body Art Regulations.

Applicant Signature: _____ Date: _____

In addition, pursuant to MGLc.62c, s.49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state taxes required under the law.

Applicant Signature: _____ Date: _____

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To Accompany Body Art – Licensed Artist Permit

Name: _____ Tel. No.: _____

Address: _____

Business Name: _____

Business Address: _____

Provide the Following:

- Driver's license, passport or other photographic proof of identity and age.
- High School Diploma or its equivalent.
- Evidence of course completion in Preventing Disease Transmission.
- (American Red Cross or Association of Professional Body Piercers)
- Evidence of current certification (within last 2 yrs.) in First Aid and CPR.
- Proof of completion of a course in Anatomy and Physiology.
- Proof of eligibility for membership as a Professional Business Member or Professional Member at Large by the Association of Professional Piercers.
- Proof of eligibility for membership as a Professional Tattooist by the Alliance of Professional Tattooists.
- Proof of one (1) year of licensing in another municipality or state, or one (1) year apprenticeship training as a piercer and three (3) years apprenticeship as a tattooist.
- A certificate from a physician stating that within thirty (30) days prior to the submission of the applicant, the applicant has been examined and found to be free of any contagious or communicable disease.
- Your facility must have an autoclave, which can operate at 275° F under 20 PSI pressure for 20 minutes.

A certificate from a physician stating that within thirty (30) days prior to a submission of the application, the applicant has been tested for tuberculosis with negative results.

I certify, under the pains and penalties of perjury, that the information provided to the Board of Health is correct. I agree to abide by all terms and conditions set forth by the Board of Health.

Applicant Signature: _____ Date: _____

The following must be posted prominently in the Piercing/Body Art Facility

- **All Permits to Operate as a Body Art Technician**
- **Body Art procedures and follow-up care procedures**
- **Infection Control Practices**