

PERMITS ARE TO BE PAID BY CHECK PAYABLE TO TOWN OF WAKEFIELD

**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 Micro Pigmentation – Licensed Artist Permit
Permit Fee: \$100.00

(Please Print)

(1) Name:	Date of Birth:	
(2) Residence Address:		
(3) Mailing Address (if different):		
(4) Home No.:	Cell No.:	24 HR Emergency No.:

Permitted Place of Employment:

Name of Establishment:	Establishment Address:
Establishment Tel. No.	

Training:

Course in Anatomy and Physiology, which included the integumentary (skin) system.	Yes ___ No ___	Copy attached
Certificate in First Aid	Yes ___ No ___	Copy attached
Preventing Disease Transmission	Yes ___ No ___	Copy attached
Blood borne Pathogen Training	Yes ___ No ___	Copy attached
Certificate in CPR	Yes ___ No ___	Copy attached
Certification from American Academy of Micro pigmentation	Yes ___ No ___	Copy attached

Experience:

Attachments: (1) Copy of Photo ID (2) Proof of Age (3) Liability Insurance Certificate

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that I have received, read and understand the requirements of the Wakefield Board of Health's Micro pigmentation Regulations.

Signature of Practitioner: _____ Date: _____