

**Medford Board of Health  
Body Art Practitioner Application**

**Initial Application**

**Renewal Application**

**Tattoo**

**Body Piercing**

(One application for each service)

Include:

- Application
- Application Fee of **\$ 200.00**
- Two forward Facing Passport-sized Photos (taken within 30 days of submission)
- Picture Id (e.g. driver's license, passport)
- Certified copy of birth certificate
- Valid documentation of two (2) years of prior experience in practice, specifically in the Body Art modality (piercing or tattooing), that the applicant is requesting a permit.
- Valid documentation of Hepatitis B Virus (HBV) vaccination status.
- A copy of training certificate documenting successful completion of a course on Prevention of Disease Transmission and Blood borne Pathogens. (Applicant must provide a dated certificate of completion which fulfills the requirements of 29 CFR 1910.1030)
- A copy of training certificate documenting successful completion of a course in Anatomy and/or Dermatology (Please provide documentation of a grade C or better)
- A copy of Certification in Basic First Aid (Taken within two (2) years)
- A copy of Certification in Advanced CPR (Taken within two (2) years)
- CORI Informed Consent – Signed and completed
- SORI Informed Consent – Signed and completed

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Applicant's Email:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Operator/Owner Name: \_\_\_\_\_



\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Full Name of Applicant – Printed legibly)

**In Office Use Only**

Date Application Received: \_\_\_\_\_ Inspector Signature: \_\_\_\_\_

Complete:    Yes                      No

Date for Additional Information Request to Applicant: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Denial Date: \_\_\_\_\_

License #: