



Boston Public Health Commission Body Art Practitioner License Application

Instructions: No license will be issued until the Environmental & Occupational Health Division (EOH) receives a complete application form (including all attachments and permit fee) and until the EOH conducts an inspection verifying that the practitioner meets all sections of the BPHC Body Art Regulation. Mail a complete body art practitioner license application, along with all attachments and a check or money order for the permit fee to:

ATTN: Body Art Practitioner License Application
Environmental & Occupational Health Division
Boston Public Health Commission
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118
617-534-5965

Application Date: _____

<p>Application Type:</p> <p><input type="checkbox"/> Annual – new application</p> <p><input type="checkbox"/> Annual – renewal application (previous license number: _____)</p> <p><input type="checkbox"/> Temporary – visiting artist/convention</p> <p><input type="checkbox"/> Apprentice</p>	<p>Services You Provide:</p> <p><input type="checkbox"/> Tattoo</p> <p><input type="checkbox"/> Piercing</p> <p><input type="checkbox"/> Permanent cosmetics, micropigmentation, microblading, or similar service</p> <p><input type="checkbox"/> Other Please specify: _____</p>
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Practitioner Information

First Name: _____ Last Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Country: _____ Email: _____
Phone Number: _____ Date of Birth: _____

Establishment Information (where you work or are planning to work)

Name of Shop: _____ Owner Name: _____
Shop Address: _____
Shop Phone Number: _____

Body Art Practitioner License Fee

Payments must be made by Check or Money Order, made payable to Boston Public Health Commission.

Temporary (convention or visiting artist)	\$75
Annual	\$100
Apprentice	\$100



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Attach copies of the following required documents:

- Driver’s License, state-issued ID, passport, or other government photo ID
- First Aid/CPR Certification
- Prevention of disease transmission and bloodborne pathogens certification
- NEW APPLICANTS ONLY** Please attach one of the following:
 - ___ Letter from a Boston-licensed body art practitioner (including a copy of that artist’s license) stating that you will be apprenticing under that artist’s supervision
 - ___ Practitioner license(s) issued by other state/city showing licensed practice as a body artist for 1 year or more
 - ___ Signed letter from a licensed body art practitioner (including a copy of that artist’s license) stating that the applicant has satisfactorily completed an apprenticeship under the artist’s supervision equivalent to at least one year of full time employment (1,800 hours) in a permitted Body Art Establishment including supervised practice on at least 100 clients.
 - ___ Other form of documentation indicating at least two years of full-time body art experience
 - ___ For individuals providing microblading, permanent cosmetics, micropigmentation ONLY who do not have any of the above credentials:
 - ___ Certification indicating completion of a 100-hour course accredited by the American Academy of Micropigmentation (AAM) or the Society of Permanent Cosmetic Professions (SPCP) including hands-on practice of at least 3 complete procedures (two eyebrows is a single procedure) on living clients **and**
 - ___ Signed letter from a body art practitioner licensed in Massachusetts (including a copy of that artist’s license) stating that the applicant has completed at least 200 hours of apprenticeship including 30 hours observing procedures being performed and performing at least 50 complete supervised procedures on clients
- Required of all practitioners of NON-TATOO body art: Anatomy & Physiology course certification

Applicant Statement of Consent

I understand that this license is valid only in the City of Boston and expires one year after the date that it is issued. I understand that I must have a valid license to practice in the City of Boston and that license is only valid for the conduct of those body art practices for which I have applied, as listed on the license. I also understand that any notice to be mailed to me by the Boston Public Health Commission will be mailed to my address indicated on the application and a copy of such notice will also be mailed to the operator of the Body art Establishment that I have indicated above.

I have read the Boston Public Health Commission Body Art Regulation and understand the obligations and requirements imposed upon a licensed Body Art Practitioner by those regulations. I also agree to comply with all of the regulatory requirements while practicing in the City of Boston.

I hereby certify, under penalties and pains of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and in no way misrepresented.

Practitioner Signature

Date

Practitioner Name (printed)