



CITY OF LEOMINSTER
Board of Health
25 WEST STREET – SUITE 11
LEOMINSTER, MASSACHUSETTS 01453
Telephone (978) 962-3558 FAX (978) 534-8416

Michelle Powell
Director

APPLICATION FOR BODY ART APPRENTICESHIP LICENSE FEE: \$250

Upon satisfactory review of the application and receipt of the license fee, an Apprentice License will be issued by the Leominster Health Department.

Name: _____

Address: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Identification:

Type of Identification Card:

- State Drivers License
- State Identification Card

Driver's License or Identification Card Number: _____
(State and Number)

Apprenticeship License Type:

- Body Piercing (only)
- Tattooing
- Microblading

Body Art Facility Name: _____

Body Art Facility Address: _____

Facility Telephone: _____

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

Name of Practitioners License for Apprenticeship _____

OVER

Please provide the following:

- A. Evidence of course completion in Prevention of disease Transmission & Blood Borne Pathogen Training. (Applicant must show a dated certificate of completion for the training course which fulfills the requirements of 29 CFR 1910.1030 et seq.).
- B. Evidence of current certification in First Aid/CPR. (Applicant must show a dated certificate of completion of a course in First Aid/CPR which demonstrates the required course was completed within the last two (2) years).
- C. Documentation of Hepatitis B Virus (HBV) Vaccination Status.
- D. Proof of satisfactory completion of a course in Anatomy and Physiology I & II (or Department-approved course if Seeking Tattooing, Branding and Scarification Practitioner License ONLY).

SIGNATURE

DATE