



TOWN OF UXBRIDGE  
**BOARD OF HEALTH**  
TOWN HALL  
21 SOUTH MAIN STREET  
UXBRIDGE, MASSACHUSETTS 01569

**APPLICATION  
BODY ART PRACTITIONER PERMIT**

\$ \_\_\_\_\_ Per Year (Non-refundable fee due upon approval of application/renewal)

- A. Definition of Services to be provided:
  
- B. Name of Body Art Establishment employed: \_\_\_\_\_  
 Address of Establishment: \_\_\_\_\_  
 Telephone # of Establishment: \_\_\_\_\_
  
- C. Name of Applicant: \_\_\_\_\_  
 Address of Applicant: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 Telephone # of Applicant: \_\_\_\_\_  
 Date of Birth (must be a minimum of 18 years old): \_\_\_\_\_
  
- D. Attach a copy of the applicants' driver license.
  
- E. Provide documentation of a completed course on anatomy, completed an examination on anatomy, or documentation of equivalent combination of training and experience. Section 22.11 (E) (3).
  
- F. Provide proof of training for bloodborne pathogen training program and current certification in First Aid and cardiopulmonary resuscitation (CPR). Section 22.11 (E) (2) ( a and b).
  
- G. Provide documentation on a completed course on skin diseases, disorders and conditions, including diabetes or completed an examination on skin diseases, disorders and conditions, including diabetes or possesses a combination of training and experience. Section 22.11 (E) (4).
  
- H. Provide proof of a skin test for tuberculosis within the last two years.

I hereby declare, under penalty of perjury, that the foregoing information contained in this application is true and correct.

I have received, read and understand the requirements of the Uxbridge Board of Health Body Art Regulations, Article XXII.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

- A permit for Body Art Practitioner shall not be transferable from one person to another. This requires a new application and permit.
- A Practitioner's permit shall be conditioned upon continued compliance with all applicable provisions of these regulations.