



## Town of Montague

## Board of Health

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**Fee: \$150.00**

### **Application for Tattoo Body Art Apprentice Permit**

**Montague allows only Tattoo Apprentice Permits, no other Body Art**

Upon Satisfactory review of the application and receipt of the permit fee, permit will be issued by the Montague Board of Health.

**New Application**

**Renewal**

1. Name: \_\_\_\_\_  
(Last name) (First name) (Middle Initial)

2. Date of Birth: \_\_\_\_\_

3. Residence Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

4. Identification:

Type of Identification Card:  State Drivers Permit  
 State Identification Card

Permit or Identification Card Number: \_\_\_\_\_  
(State and Number)

5. Apprentice Permit Type:  Tattooing **(No other Body Art but Tattooing)**

6. Body Art Establishment Name: \_\_\_\_\_

7. Body Art Establishment Address: \_\_\_\_\_

8. Establishment Telephone: \_\_\_\_\_

9. Body Art Establishment Owner: \_\_\_\_\_

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*MONTAGUE TOWN HALL • ONE AVENUE A*

*TURNERS FALLS, MA 01376*

*PHONE: (413) 863-3200 EXT. 205 • FAX: (413) 863-3225*



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10. 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 training course which fulfills the requirements of 29 CFR 1910.1030 et seq.)
- b. Evidence of current certification in First Aid/CPR.
- c. Proof of satisfactory completion (a sealed college transcript) of college courses in Anatomy and Physiology with a grade of C or better from an accredited college, Completion of Skin Anatomy Course in Quincy or equivalent.
- d. Documentation of Hepatitis B Virus (HBV) Vaccination Status or declination notification.
- e. 2" x 2" photo for file.

### APPLICANT/TATTOO BODY ART APPRENTICE PERMIT STATEMENT OF CONSENT:

*I understand that once issued an apprentice permit expires one year from date of issue. I understand that I am responsible for renewing my permit annually by submitting an application 30 days BEFORE the expiration of my current permit.*

*I understand that any notice required to be given to me by the Montague Board of Health may be given by mailing notices to the establishment/business I have documented on this application. Failure to inform the Montague Board of Health of address changes shall not constitute lack of service of official notices. I have received a copy of the Town of Montague Rules and Regulation for Body Art Establishments and Practitioners. I agree to abide by State and Local Laws and Regulations. I agree to work only out of an establishment that is permitted by and in compliance with all applicable State Laws and Montague Board of Health Regulations.*

*I agree to have my Body Art Practitioners Permit conspicuously posted within the establishment where I work.*

*I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way.*

Signature: \_\_\_\_\_

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