

## Milford Board of Health Application for Body Art Practitioner

Name:	D.O.B:
Home Address:	
Mailing Address:	
Home Phone #:	
Business Phone #:	
Number of years practicing body art:	

Evidence of course completion is required for the following:

- Bloodborne pathogen training which include requirements set forth in section 10 (E) (2) of the Milford Board of Health Regulations.
- First Aid and Cardiopulmonary Resuscitation (CPR) certificates.
- A course in anatomy and evidence of successfully passing examination on anatomy.
- The applicant for a tattoo practitioner shall provide documentation on a completed course on skin diseases and disorders that include the requirements set forth in Section 10 (E) (4) of the Milford Board of Health Regulations.

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

Date:	Approved Effective:
Signature:	Regular Fee Paid:
Name: (please print)	
Title: (please print)	

Application for Body Piercer Certificate of Registration in the Town of Milford

Complete and return this form with \$50.00 registration fee (made payable to: Town of Milford)

**Milford Board of Health**  
**Town Hall - 52 Main Street**  
**Milford, MA 01757**

Upon satisfactory review of the application and receipt of the registration fee, a numbered registration certificate will be issued by the Milford Board of Health.

☐ New Application

☐ Renewal

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

2. Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

3. Identification Card: ☐ State Drivers License  
☐ State Identification Card

4. Facility Name: \_\_\_\_\_

5. Facility Address: \_\_\_\_\_

6. Facility Telephone: \_\_\_\_\_

7. Provide the following:

A. Evidence of course completion in Preventing Disease Transmission. (Applicant must show a dated certificate of completion from either American Red Cross or Association of Professional Body Piercers).

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. Proof of completion of a course in Anatomy and Physiology

D. Proof of one (1) year of apprenticeship training.

## APPLICANT/BODY PIERCER STATEMENT OF CONSENT:

*I understand that this registration expires on December 31 of this year. I understand that any notice required to be given by the Milford Board of Health to me may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the Milford Board of Health. I have received a copy of the Milford Board of Health's regulations and recommended infection control procedures regarding body piercing. I agree to abide by these regulations and procedures. I agree to work only out of facilities that are in compliance with Milford Board of Health requirements. I agree to post the following valid and updated documents conspicuously in my place of business at all times:*

*Certificate of Registration for all body piercers working in the facility,*

*A signed copy of an agreement to comply with Milford Board of Health Rules and Regulations for Body Piercing, which contains the Recommended Procedures and Infection Control Practices for Body Piercing.*

*A signed copy of compliance with Milford Board of Health Recommended Procedures and Infection Control Practices for Body Piercing.*

*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.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (Print)

Office Use Only:

☐ Approved Effective Date: \_\_\_\_\_

Registration #: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

☐ Disapproved, Comment: \_\_\_\_\_