



## Medford Board of Health Body Art Practitioner Application

**Initial Application**

**Renewal Application**

**Tattoo**

**Body Piercing**

(One application for each service)

Include:

- Application
- Application Fee of \$ 150.00
- Picture ID
- Certified copy of birth certificate
- A copy of each required training certificate  
(First Aid, CPR, Blood Borne Pathogen, Anatomy and/or Dermatology)
- CORJ Informed Consent – Signed and completed
- SORI Informed Consent – Signed and completed

Practitioner Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Operator/Owner Name: \_\_\_\_\_

Previous Establishments that Practitioner Practiced Body Art

Name	Address/City/State	Tel#

I, \_\_\_\_\_ authorize the Medford Board of Health  
(Name of Practitioner - Print)

to obtain information from previous body art establishments in which I have practiced, as well as from the city/town Boards of Health.

\_\_\_\_\_  
(Signature of Practitioner) (Date)

I, \_\_\_\_\_ have received, read and understood the  
(Name of Practitioner)

Medford Board of Health Body Art Regulations. I further agree to comply with the regulations and understand that any violation will at least, but not be limited to a fine or closure of the establishment.

**Medford Board of Health**  
**Body Art Apprenticeship Practitioner Application**

**Tattoo**

**Body Piercing**

**Preceptor Name:** \_\_\_\_\_ **License #:** \_\_\_\_\_

(One application for each service)

- Include:
- Application
  - Application Fee of **\$150.00**
  - A copy of each required training certificate  
(First Aid, CPR, Blood Borne Pathogen, Anatomy and/or Dermatology)
  - Picture ID
  - Certified copy of birth certificate
  - CORI Informed Consent – Signed and completed
  - SORI Informed Consent – Signed and completed

Practitioner Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Operator/Owner Name: \_\_\_\_\_

**Previous Establishments that Practitioner Practiced Body Art (if applicable)**

<u>Name</u>	<u>Address/City/State</u>	<u>Tel#</u>
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I, \_\_\_\_\_ authorize the Medford Board of Health  
(Name of Practitioner - Print)

to obtain information from previous body art establishments in which I have practiced, as well as from the city/town Boards of Health.

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(Signature of Practitioner) (Date)

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(Name of Practitioner)

Medford Board of Health Body Art Regulations. I further agree to comply with the regulations and understand that any violation will at least, but not be limited to a fine or closure of the establishment.

\_\_\_\_\_  
(Signature of Practitioner) (Date)