

CITY OF FALL RIVER, MA - Tattooing Practitioner Application



Name _____ Date of Birth _____

Residence address _____

Mailing address (if different from residence address) _____

Phone number _____

Place employed as a practitioner _____

The following must be included with the application:

1. Proof of the following training requirements :
 - a. Bloodborne pathogen training program (or equivalent) which includes infectious disease control, waste disposal, hand washing techniques, sterilization equipment operation and methods, and sanitization, disinfection and sterilization methods and techniques
 - b. Current certification in Basic First Aid and Cardiopulmonary Resuscitation (CPR)
 - c. Proof of successful completion of one year apprenticeship
 - d. Documentation, acceptable to the Board, that you completed a course on skin diseases, disorders and conditions, including diabetes, or completed an examination on skin diseases, disorders and conditions including diabetes, or possess a combination of training and experience deemed acceptable to the Board
2. Proof of identity, by a driver's license/state issued I.D. (at the time the application is presented to the Sanitation Inspector) showing the applicant is at least 18 years of age
3. A completed Tax Certification Form, signed by the City Collector (2nd Floor)
4. Completed and signed Worker's Compensation Insurance Affidavit
5. Payment of the current application fee - **\$150.00** (check or money order, payable to the City of Fall River)
 - a. Late fee - **\$100.00** (if applicable)

Please note that failure to provide all of the required materials along with the application may result in return of the application along with the fee and may require submission of a new application. Denied applications will not result in a returned fee. All permits shall expire on December 31st following the date of issue and may be revoked for cause at any time by the Board of Health.

Please read & check-off the following, and then sign:

I certify that I have read the Fall River Board of Health's Tattoo Regulations and do hereby agree to abide by them. I also certify that all information provided is true and correct.

Signed under the pains and penalties of perjury: **Signature:** _____ **Date:** _____

For office use only:

Date reviewed _____ ID verified _____ All training requirements verified? Yes ___ No ___

Tax Certification Letter approved _____

Recommend Certificate? Yes ___ No ___

Date of Board of Health Approval:

If "No" is checked, please comment: