



## BODY ART PRACTITIONER Permit Application

Application Submission Date:

|   |           |
|---|-----------|
| Name of Practitioner:                     |           |
| Residence Address:                        | Zip Code: |
| Phone:                                    |           |
| E-mail Address:                           |           |
| Place(s) of Employment as a Practitioner: |           |

*Please check the applicable box:*

|  |                           |                          |
|--|---------------------------|--------------------------|
| First Aid Certification  | <input type="radio"/> Yes | <input type="radio"/> No |
| CPR Certification  | <input type="radio"/> Yes | <input type="radio"/> No |
| Bloodborne Pathogen Training   | <input type="radio"/> Yes | <input type="radio"/> No |
| Certify that you have completed the required course training as noted in 155.29, Subsection F. | <input type="radio"/> Yes | <input type="radio"/> No |

**I, \_\_\_\_\_, have received, read and acknowledge the requirements per the Randolph Board of Health Regulation, Article XIV.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Note: 155-129. A practitioner permit shall be valid from the date of issuance and shall expire no later than one year from the date of issuance unless revoked sooner by the Board of Health. The applicant must renew his/her practitioner permit prior to the end of the year term to ensure continuous operation of the body art establishment.*