



# TOWN OF NORWOOD BOARD OF HEALTH

Commonwealth of Massachusetts



**Public Health**  
Prevent. Promote. Protect.

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## Application Permit Body Art Practitioner

Upon satisfactory review of the application and receipt of the license fee, a numbered practitioner license will be issued by the Norwood Board of Health

New Application

Renewal

1. Body Art Practitioner Name: \_\_\_\_\_
2. Home Address: \_\_\_\_\_
3. Telephone: \_\_\_\_\_
4. Mailing Address (If Different): \_\_\_\_\_
5. Body Art Facility in Norwood: \_\_\_\_\_
6. Address of Facility: \_\_\_\_\_
7. Telephone of Facility: \_\_\_\_\_
8. License Type  
Body Piercing (Only)  
Tattooing, Branding and Scarification (Only)  
Both

Please include the following information with your application:

1. Trainings and/or certifications from other jurisdictions
2. Minimum training: bloodborne pathogen training (see examples in regulations), Certified First Aid & CPR
3. Documentation from course in Anatomy & Physiology; (Tattoo, branding or scarification practitioners may substitute a course or program as the Board deems appropriate)
4. Evidence of at least two years of actual experience performing body art.

By signing this application I acknowledge that I have received, read and understood the requirements of the Board's body art Regulations

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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<http://health.norwoodma.gov>

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