



New - Body Art Apprentice Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

**Form
I-5**

FEE: \$110.00

Name: _____

Date of Birth: _____

Address: _____

Mailing Address (if different): _____

Phone Number: _____

*Email address (Used Only for Renewals): _____

Training: _____

Education: (Please attach any diplomas or certifications) _____

Places of Employment as a Practitioner: (Please include copies of other licenses if within MA)

Have you ever been convicted of a felony? _____

Name of intended business: _____

Other practitioners working on site: _____

In addition, the applicant shall provide the following:

- Certification from physician that applicant is free of communicable disease.
- Documentation that training has been received as required in Article 17-10 (E)