



## Renew - Body Art Apprentice Application

Acton Board of Health  
Health Dept. Phone: 978-929-6632  
[www.acton-ma.gov](http://www.acton-ma.gov)  
health@acton-ma.gov

**Form  
I-6**

**FEE: \$70.00**

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)