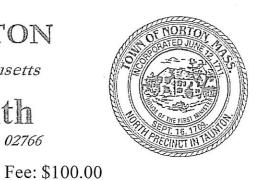
## TOWN OF NORTON

Commonwealth of Massachusetts

## Board of Health

70 East Main Street Norton, MA 02766



Signature of applicant

Christian A Zahner IV, Health Agent Phyllis Drayton, Assistant Health Agent Donna Palmer, Public Health Nurse

Phone: (508) 285-0263 Fax: (508) 285-0269

## Application Body Art Practitioner

Body Art Practitioner
Place of employment:
Employment Address:Hrs. Operation:
Practitioner Name: DOB
Practitioner Address:
Town: State/Zip:Phone#:
Mailing address: Street Town St/Zip
Street Town St/Zip
Enclose the following:
Valid photo id with date of birth.
Birth certificate.
Social Security Card/FID
Certificate of training
CPR and first aid current certifications.
Anatomy and physiology documentation with a grade of C or better from a college accredited by the New England Association of Schools and Colleges, or comparable accrediting entity.
Evidence satisfactory to the Board of Health of at least two (2) years experience.
Print full name Date
***** By signing this application you agree that you have been furnished Chapter 20 Norton Board of Health Rules and Regulations and have read them and understand them.