AMHERST HEALTH DEPARTMENT

70 BOLTWOOD WALK • AMHERST • MA • 01002
Office (413) 259-3077 Fax (413) 259-2404
www.amherstma.gov

Application for Tattoo/Piercing Technician License

Tattoo/Piercing Technician – ANNUAL FEE $350.00

Date: _____ DOB _____

Name: _____ Tel. # _____

Address: _____
(#, street, city/town, state, zip code, P. O. Box)

Business Name: _____ Tel. # _____

Business Address: _____
(#, street, city/town, state, zip code, P. O. Box)

Email Address _____

All Tattoo/Piercing Technician Applicants Must Provide the Following:

[ ] Driver's License, Passport or other photographic proof of identity and age.
[ ] High School Diploma or its equivalent.
[ ] Evidence of course completion in Preventing Disease Transmission (American Red Cross, or its equivalent.)
[ ] Evidence of current certification (within last 2 years) in First Aid and CPR.(American Red Cross or its equivalent.)
[ ] Proof of completion of a course in Skin Diseases, Disorders and Conditions. (American Red Cross or its equivalent.)
[ ] A certificate from a physician stating that within 30 days prior to a submission of the application the applicant has been examined and found to be free of any contagious or communicable disease.
[ ] Piercing technician questionnaire must be completed. Questionnaire will be reviewed by the Public Health Nurse and she will determine if knowledge demonstrated is satisfactory. (To be completed in the office of Health Department)

Have you ever had a license from another state or locality suspended or revoked? Yes ☐ No ☐

I, certify, under the pains and penalties of perjury, that the information provided to the Amherst Board of Health is correct. I have received a copy of the Regulations for Body Art. I agree to abide by all terms and conditions set forth by the Amherst Board of Health.

_____ _____
Signature of Applicant Date Signed

Please Note The Following Late Fees Will Be Enforced
First 30 Days Overdue $50.00..... 60 Days & Each Month Thereafter $100.00

Return to: Amherst Health Department
Bangs Community Center, 2nd Fl
70 Boltwood Walk
Amherst, MA 01002

Make Check Payable to: Town of Amherst

This application is also available on line at:
www.toa@amherstma.gov/health/permits

AMHERST HEALTH SAFETY AGREEMENT

The Amherst Health Department requires a signed agreement on record from each individual Body Arts/Piercing practitioner or establishment. Violation of these basic, critical health and safety requirements is grounds for immediate revocation of his/her license. Please initial each numbered line as indicated to show that you have read and fully understand each point.

1. _____ I agree not to use ear-piercing guns in my studio due to the impossibility of properly sterilizing the equipment and the inappropriateness of ear piercing gun jewelry.

2. _____I agree that all needles will be pre-sterilized, used on one person only in one sitting, and will be immediately disposed of in a medical sharps container.

3. _____ I agree that all forceps, tubes, etc. are to be pre-sterilized. If they are not used immediately, they will be stored in sterile bags and used on only one person in one sitting. After one such use, instruments will be appropriately decontaminated and then sterilized in an autoclave.

4. _____I agree that all reusable, non-sterilized implements, such as calipers, will be nonporous and disinfected after each use with an FDA-approved commercial hard surface disinfectant.

5. _____I agree that as many supplies as possible including corks, rubber bands, toothpicks etc., should be pre-sterilized in an autoclave, and if not used immediately, stored in a clean, closed container and disposed of immediately after a single use. In addition all skin prep products will be single use, and will be disposed of after one use.

6. _____I agree that a new pair of medical-grade (sterile and/or non-sterile) will be donned appropriately and worn for every procedure and that gloves will be changed frequently, and whenever there is the slightest chance for cross contamination.

7. _____I agree that the room used for piercings will be an enclosed room and used exclusively for piercing and jewelry insertion. This room must also be kept separate from the sterilization area. Piercing room, biohazard room, bathrooms and to the common areas, will be kept scrupulously clean and shall be disinfected frequently. All surfaces shall be nonporous, allowing them to be cleaned with an FDA-approved disinfectant solution throughout the day and whenever cross-contamination might occur.

8. _____I agree that all jewelry for initial piercings will be autoclaved prior to insertion.

9. _____I will use only appropriate jewelry in initial piercings. Appropriate jewelry is made of Surgical Implant grade Stainless Steel 316L, 316L or LVM ASTM F-138, solid 14 karat or higher white or yellow gold, Niobium (Nb), Surgical Implant grade Titanium Ti6A4V ELI, ASTM F-136, solid platinum, or a dense low porosity plastic such as Tygon or PTFE. Threaded jewelry for initial piercings must have internal tapping (no threads on posts) starting from 16 gauge. Jewelry must be free of nicks, scratches, burrs, and polishing compounds. Ring ends should be rounded.

10. _____I agree that it is important to be open, available and not under the influence of legal or illegal substances which might compromise my abilities. I agree to maintain my certification in First Aid/CPR, and Blood borne pathogen training. I agree to meet or exceed all health, safety and legal standards as required by my state and local authorities. I understand that it is important not to misrepresent my self, my abilities, or my standards in any way. I agree to consider all new health and safety suggestions, as they become known to me and to make appropriate changes in my technique as applicable. I agree that it is the moral, ethical, and professional responsibility of all peircers to continue to seek out, absorb and share health and safety information relevant to the craft throughout the my career.

NAME (please print): _____

Establishment Name _____

Address: _____

Business Phone # _____ FAX: _____

Signature: _____ Date: _____

Witness: _____ Date: _____