

The Commonwealth of Massachusetts  
Division of Professional Licensure  
239 Causeway Street, Boston, MA 02114  
Board of Cosmetology  
[www.mass.gov/dpl/boards/hd](http://www.mass.gov/dpl/boards/hd)  
617-727-9940

## **OUT OF STATE APPLICANTS** **INSTRUCTION SHEET**

**Effective May 12, 2009 –**

### **ALL CANDIDATES MUST TAKE A PRACTICAL & WRITTEN EXAM**

#### **A COMPLETED APPLICATION MUST INCLUDE:**

- A small 2" x 2" photo
- **Money Order for \$136.00**  
Money orders should be made payable to the Commonwealth of Massachusetts (no personal checks). All money orders must be signed and dated.
- A copy of your license from your state
- A certification of your current license (form must be mailed to your state board in which you are currently licensed, this state must complete the form and mail it directly back to the Massachusetts Board, **not the applicant**). Applicants should check with their state board to see if there is any fee in completing this form. (**your license must be current in order for your Massachusetts application to be considered complete**)
- Notarized work affidavits (if you have at least 2 years work experience)
- All applicants must submit a **copy/verification** of an original social security card (**mandatory**).

#### **\*EFFECTIVE MAY 12, 2009\***

All applicants are required to take the Massachusetts practical and written examinations (no exceptions).

- ❖ *In the event that you have not taken your state board examination, then you must submit an official transcript from the school you have graduated from verifying your hours and dates of enrollment.*
- ❖ All new licensees **must** obtain a copy of the Massachusetts Rules & Regulations (240 CMR). To obtain a copy of the Rules & Regulations call the State House Bookstore at (617) 727-2834 or visit The Division's website at [www.mass.gov/dpl/boards/hd](http://www.mass.gov/dpl/boards/hd).

#### **SPECIAL INSTRUCTIONS FOR COSMETOLOGISTS, HAIRDRESSERS AND AESTHETICIANS ONLY:**

Massachusetts has two classifications of licensure for cosmetologists and aestheticians. Work experience is the determining factor on the status classification. A cosmetologist's type 1 and an aesthetician's type 6 license are equivalent to a manager's license. To be eligible for a manager's level, you must submit proof of at least 2 years work experience. An operator's license (type 2) or an aesthetician's license (type 7) will be issued to you if you have less than two years of work experience in your particular field. It will be necessary for the salon owner/manager completing the enclosed employment affidavit to specify the dates of employment and if you have worked either full or part-time. This affidavit must be notarized.

- **Any incomplete application will be returned**

Please use this check list to ensure your application is complete. **Incomplete applications will be returned.** Please do not submit your application until it is complete.

Your application must include:

\_\_\_\_\_ A small 2" x 2" photo

\_\_\_\_\_ **Money Order: \$113.00**

Money orders should be made payable to the Commonwealth of Massachusetts (no personal checks). All money orders must be **signed** and dated.

\_\_\_\_\_ A copy of your license from your state

\_\_\_\_\_ A certification of your current license (form must be mailed to your state board in which you are currently licensed, this state must complete the form and mail it directly back to the Massachusetts Board, **not the applicant**). Applicants should check with their state board to see if there is any fee in completing this form. (**your license must be current in order for your Massachusetts application to be considered complete**)

\_\_\_\_\_ Notarized work affidavits (if you have at least 2 years work experience)

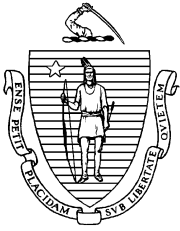
\_\_\_\_\_ All applicants must submit a **copy/verification** of an original social security card (**mandatory**).

Please complete and return with application

**Applications will be returned if not complete with a certification within 3 months**







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**EMPLOYER'S AFFIDAVIT FOR OUT OF STATE APPLICANT**

STATE OF \_\_\_\_\_ COUNTRY OF \_\_\_\_\_

I hereby certify that I am a Registered Cosmetologist, \_\_\_\_\_ in the state  
*Manager/Owner Name & License Number*

of \_\_\_\_\_ and that \_\_\_\_\_ was in my  
*State Applicant's Name*  
 employ as a \_\_\_\_\_ and worked \_\_\_\_\_ under  
*Hairdresser, Aesthetician or Manicurist Full/Part Time*  
 supervision from \_\_\_\_\_ to \_\_\_\_\_ in a beauty shop located in  
*month/day/year month/day/year*

\_\_\_\_\_  
*City State Zip Code Telephone Number*

**ERASURES OR CHANGES IN DATES ARE NOT ACCEPTABLE**

NOTARY SEAL

Name: \_\_\_\_\_  
*Shop Owner's Name*

This affidavit must be notarized Address: \_\_\_\_\_  
 in the State where signed.

City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
*Managing Cosmetologist*

Notary Public (Please Print) \_\_\_\_\_  
 Notary Public (Signature) \_\_\_\_\_

**This portion below to be filled out only if you (the applicant) owned your own salon.**

**AFFIDAVIT FROM SALON OWNER**

State of \_\_\_\_\_

I hereby certify that I am or was a property owner in the State of \_\_\_\_\_ and that I owned the  
 property located at \_\_\_\_\_  
 and that \_\_\_\_\_ owned and operated a beauty salon at this location  
 from \_\_\_\_\_ to \_\_\_\_\_  
*month/day/year month/day/year*

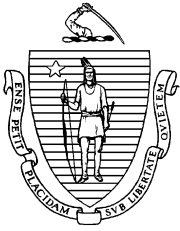
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

NOTARY SEAL

Name of Property Owner \_\_\_\_\_  
 Present Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Signature of Owner: \_\_\_\_\_

This affidavit must be notarized  
 in the State where signed.

Notary Public (Please Print) \_\_\_\_\_  
 Notary Public (Signature) \_\_\_\_\_



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The applicant does not complete any part of this form. It must be completed by the state board in which he/she is licensed and returned directly to the Massachusetts Board.

Name of State \_\_\_\_\_

This is to certify that (Applicant's Name) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number (**Mandatory**) \_\_\_\_\_

Current License # \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

Type of License Applicant holds:  Cosmetology  Manicuring  
 (**Check One**)  Aesthetician  Instructor

Is there any past or present disciplinary action against this licensee?:  Yes  No

If yes, please state details \_\_\_\_\_

Basis of Registration:

Examination Scores: Practical \_\_\_\_\_ Written \_\_\_\_\_

Reciprocity from the state of \_\_\_\_\_

Name of Beauty School Attended \_\_\_\_\_

Address \_\_\_\_\_

Dated Enrolled \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Course:  Cosmetology  Manicuring  Aesthetician  Instructor

Total number of hours credited \_\_\_\_\_

State Board Seal  
 Signed \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_