

The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Cosmetology
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.

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: \$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

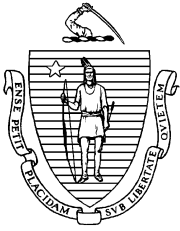
_____ A certification of your current license (form must be mailed to your state board in which you are currently licensed, this state must complete the form and mail it directly back to the Massachusetts Board, **not the applicant**). Applicants should check with their state board to see if there is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

Please complete and return with application

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



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) _____

