



The Commonwealth of Massachusetts
Division of Professional Licensure
1000 Washington Street Suite 710
Boston, MA 02118-6100
Board of Registration of Cosmetology and Barbering
www.mass.gov/dpl/boards
617-727-9940

Forfeiture Application

FORFEITURE APPLICANTS

INSTRUCTIONS

This application will be necessary if your license has lapsed because it was not renewed within three years of your expiration date. (MGL Chapter 112, Section 87GG)

In order to secure a license again, it will now be necessary for you to take a practical examination.

Once the Board has received and processed your application you will be issued a **TEMPORARY PERMIT**. This temporary license will be valid for 6 months and will allow you to work before you take the examination.

If you do not appear for the examination when you are scheduled your temporary permit will expire and you will not be eligible for another one.

You will receive written notification of the next available examination.

A COMPLETED APPLICATION MUST INCLUDE:

- A small 2" x 2" photo
- A copy of your driver's license or photo ID
- Money order or check for \$136.00 made payable to: Commonwealth of Massachusetts. ***Application fees are non-refundable.* All money orders must be signed and dated.**

Please retain copies of all paperwork submitted.

Normal application processing time for complete applications is between 3-4 weeks.

Incomplete applications can further delay processing time.

9. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. _____
10. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? **Yes:** **No:** If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
11. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? **Yes:** **No:** If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
12. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? **Yes:** **No:** If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? **Yes:** **No:** If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
14. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? **Yes:** **No:** If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
15. Present Employer _____
16. Cosmetology School Attended _____
Name & Address of School
- Date Started: _____ Date Finished: _____
17. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Cosmetology to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of applicant

Date

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

