Out of Country Application

OUT OF COUNTRY APPLICANTS
INSTRUCTION SHEET

All applicants are required to take a practical & written examination.

A COMPLETED APPLICATION MUST INCLUDE:

- A small 2x2 photo

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

- All documents must be originals and translated by an accredited agency.

- All applicants must submit verification of an original social security card (mandatory).

- A notarized affidavit (signed by a notary public with seal) from your school of hairdressing, certifying your dates of enrollment and completion of your course of study, as well as the exact number of hours of training in each subject.

- A second notarized affidavit (signed by a notary public with seal), this time from your employer, if you have worked after completion of your in-school training. Self-employed applicants, a notarized affidavit from your landlord is acceptable.

- All affidavits must be notarized (signed by a notary public with seal) in the country where you worked or studied. All affidavits will become the property of the Board.

- If your country issues licenses we need to see your current year license.

- You will need to provide proof that the educational program you attended is recognized by your government.

- A notarized (signed by a notary public with seal) translation of your passport and/or resident alien card stating your name, age, occupation, etc . . .

Please be advised all application fees are non-refundable.

Normal application processing time for complete applications is between 3-4 weeks.
Incomplete applications can further delay processing time.
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 2x2 photo

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

____ All documents must be originals and **translated by an accredited agency**.

____ All applicants must submit verification of an original social security card (**mandatory**).

____ A notarized affidavit from your school of hairdressing, certifying your dates of enrollment and completion of your course of study, as well as the **exact number of hours of training in each subject**.

____ A second notarized (signed by a notary public with seal) affidavit, this time from your employer, if you have worked after completion of your in-school training or apprenticeship. Self-employed applicants, a notarized affidavit from your landlord is acceptable.

____ All affidavits must be notarized (signed by a notary public with seal) in the country where you worked or studied. All affidavits will become the property of the Board.

____ If your country issues licenses we need to see your current year license.

____ A notarized (signed by a notary public with seal) **translation** of your passport and/or resident alien card stating your name, age, occupation, etc . . .

Please complete and return with application
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  

Out of Country Application-Fee 136.00  
Practical & Written Exam Required

Please attach recent  
2” X 2”  
passport photograph here

1. Applicant Name: ___________________________  
   Last                      First                     Middle

2. Maiden Name: ________________________________

3. Current License#:_________________________  
   License Expiration Date:____________

4. Date of Birth:_________________________  
   Place of Birth:_________________________

5. Permanent Address:  
   No.                     Street                Apt. #

   ____________________________________________________________  
   City/Town                  State                Zip Code

6. Business Address (If Applicable):  
   No.                     Street                Apt. #

   ____________________________________________________________  
   City/Town                  State                Zip Code

7. Telephone Number-Day:______________________  
   Evening:_________________________  
   E-mail address:_________________________  
   Web address:_________________________

8. Social Security Number (Mandatory):  
   Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.
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. Beauty School Attended________________________________________________________
   Name & Address of School
date Started: _______________  Date Finished: _______________

17. Type of license requested in MA: □ cosmetology □ manicuring □ aesthetics
□ cosmetology instructor □ aesthetic instructor □ demonstrator *** Separate applications and fees are required for each type of license. You must submit proof of either training or current licensure in that subject in order to be eligible for that type of license.

18. 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
EMPLOYER'S AFFIDAVIT FOR OUT OF STATE/COUNTRY APPLICANT

STATE OF __________________________  COUNTRY OF __________________________

I hereby certify that I am a Registered Cosmetologist, __________________________ in the country of __________________________ and that __________________________ was in my employ as a __________________________ and worked __________________________ under __________________________ supervision from __________________________ to __________________________ in a beauty shop located in __________________________, __________________________ from __________________________ to __________________________.

City: __________________________  State: __________________________  Zip Code: __________________________  Telephone Number: __________________________

ERASURES OR CHANGES IN DATES ARE NOT ACCEPTABLE

NOTARY SEAL

Name: __________________________

Address: __________________________

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 Are or Have Been a Property Owner

AFFIDAVIT FROM SALON OWNER

Country of __________________________

I hereby certify that I am or was a property owner in the country of __________________________ and that I owned the property located at __________________________ and that __________________________ owned and operated a beauty salon at this location from __________________________ to __________________________.

City: __________________________

Signature of Owner: __________________________

Subscribed and sworn before me this _________ day of __________________________

NOTARY SEAL

Name of Property Owner __________________________

Present Address: __________________________

City: __________________________

Signature of Owner: __________________________

Notary Public (Please Print): __________________________

Notary Public (Signature): __________________________