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 copy of your drivers license
- 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 (signed by a notary public with seal) if you have at least 2 years work experience
- All applicants must submit a copy/verification of an original social security card (mandatory).

- **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 (signed by a notary public with seal).

_All application fees are non refundable_

- 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 or copy of transcripts if not licensed

______ A copy of your driver’s license

______ If licensesed, 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 (signed by a notary public with seal) 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
Out of State Application $136.00

Please attach recent 2” X 2” passport photograph here

1. Applicant Name: __________________________________________
   Last   First   Middle

2. Maiden Name: __________________________________________

3. State Licensed in: ___________   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: ___________

8. Email Address: ______________________________________

9. 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.
10. 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.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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.

16. Present Employer

17. Beauty School Attended

Name and full address of School

Date Started: _____________ Date Finished: ____________

18. Type of license requested in Massachusetts: □ 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.

19. 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 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
in the State where signed.

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 (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: __________________________

Notary Public (Please Print) __________________________

Notary Public (Signature) __________________________
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____________________________________________

Signed_______________________________________________________________

State Board Seal  Print Name____________________________________________

Title________________________________________ Date _____________________