

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](http://www.mass.gov/dpl/boards)  
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 or check for \$136.00 made payable to: Commonwealth of Massachusetts. **\*Application fees are non-refundable.\* All money orders must be signed and dated.**
  - A copy of your license from your state
  - A copy of your driver's license or photo ID
  - 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
- ❖ **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 (signed by a notary public with seal).

**Please use this check list to ensure your application is complete. Please do not submit your application until it is complete. Incomplete applications will only be held for a maximum of 30 days. After 30 days, the application will be considered abandoned. If you still require the license, you will be required to reapply**

Your application must include:

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

\_\_\_\_\_ 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.**

\_\_\_\_\_ A copy of your license from your state or copy of transcripts if not licensed

\_\_\_\_\_ A copy of your driver's license or picture ID

\_\_\_\_\_ If licensed, 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

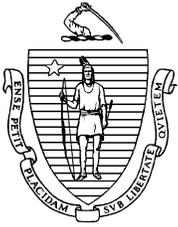
**Applications will be returned if not complete with a certification within 3 months**



8. 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. \_\_\_\_\_
9. 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.
10. 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.
11. 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.
12. 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.
13. 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.
14. Cosmetology School Attended \_\_\_\_\_  
Name and full address of School
- Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_
15. **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.
16. 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



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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  
 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: \_\_\_\_\_

This affidavit must be notarized  
 in the State where signed.

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



# 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.

