Cosmetology Type 1 Application-Fee $82.00

COSMETOLOGY TYPE 1 APPLICANTS
INSTRUCTION SHEET

Aestheticians should not complete this application. You must request the Type 6 application to upgrade an aesthetic license.

A COMPLETED APPLICATION MUST INCLUDE:

- A notarized (signed by a notary public with seal) affidavit certifying:
  
  a) the date you started and stopped working for each employer as an operator
  b) whether the work was full or part-time (full-time entails 5, 8 hour days per week; part-time entails a minimum of 24 hours per week/40 weeks per year). You may make copies of the blank affidavit if necessary.
  c) two full years (24 months) of practical work experience -- the Board will not consider any work experience:
     - Obtained prior to becoming licensed in the field of cosmetology
     - If you have been working anywhere but a salon licensed by the Massachusetts Cosmetology Board
     - Obtained in another state

- A small 2” x 2” photo

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

- A copy of your current operator’s license. Your license must be active, an expired status will deem you ineligible to upgrade. If you need to renew your operator’s license you must mail your original renewal with a separate money order.

- A copy of your drivers license

- A copy of your Social Security card

Please be advised all application fees are non-refundable.

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

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 notarized (signed by a notary public with seal) work affidavit certifying:

a) the date you started and stopped working for each employer as an operator

b) whether the work was full or part-time (full-time entails 5, 8 hour days per week; part-time entails a minimum of 24 hours per week/40 weeks per year). You may make copies of the blank affidavit if necessary.

c) **two full years** (24 months) of practical work experience –

d) Signature of Manager

_____ A small 2” x 2” photo

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

_____ A copy of your current operator’s license. Your license **must be active**, an expired status will deem you ineligible to upgrade. If you need to renew your operator’s license you must mail your original renewal with a **separate** money order.

_____ A copy of your drivers license

_____ A copy of your Social Security card

Please complete and return with application
Cosmetology Type 1 Application-Fee $82.00

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:_____________________

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 & Address of School
Date Started: ______________ Date Finished: ______________

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
Affidavit must be completed by Type 1 manager of salon and add up to 2 full years (24 months) of practical work experience

EMPLOYER’S AFFIDAVIT

I hereby certify that I am a registered cosmetologist ______________________________

__________________ i

__________________ was employed by me as an operator (full or part) time

applicant’s name

under my supervision from ____________________ to ____________________

month/day/year     month/day/year

CIRCLE TYPE OF SALON EMPLOYED AT:

FULL SERVICE SALON - TYPE 1       AESTHETIC SALON- TYPE 5

Signed: Name of Salon Owner/Manager ______________________________

Signature of Manager ______________________________

Address ______________________________

City & State ______________________________ Telephone # ____________

Salon Name ______________________________ Salon License # ____________

THIS FORM WILL NOT BE ACCEPTED WITH ERASURES OR DATE CHANGES

Signed under penalties of perjury this _____ day of ____________________ 20 ___

THIS SECTION TO BE COMPLETED BY APPLICANT

I ______________________________ hereby certify that I am a registered operator in

good standing in the Commonwealth of Massachusetts and that my license number is

__________________ and the expiration date is ____________________. month/day/year

Signature of applicant ______________________________

Name of Notary Public ______________________________

Date Commission expires _____________________________