



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

Renewal Request-Worksheet

Please be advised that this is not a renewal form *DO NOT SEND MONEY WITH THIS RENEWAL REQUEST.

This worksheet will enable the Board to generate a new renewal application for your license.

Information as it appears on current license record

Last Name (mandatory): _____

First Name (mandatory): _____

Middle Initial: _____

Maiden Name: _____

Type of License: _____

MA License Number: _____ Expiration Date: _____

Last 4 of Social Security # (mandatory): _____ Date of Birth: _____

Phone Number (mandatory): _____

Address line 1: _____

Address line 2: _____

City: _____ State: _____ Zip Code: _____

Address Change *θ Yes θ No*

Name Change *θ Yes θ No*

Has license been expired for more than 3 years? *θ Yes θ No*