



Commonwealth of Massachusetts
Division of Professional Licensure

Board of Registration of Cosmetology and Barbering
1000 Washington Street, Suite 710, Boston, MA 02118
https://www.mass.gov/orgs/board-of-registration-of-cosmetology-and-barbering
617-727-9940

EMPLOYER'S AFFIDAVIT FOR OUT OF COUNTRY APPLICANTS

Use this affidavit if you worked in another country for two years as a cosmetologist,
aesthetician, or manicurist. This form must be completed and signed by the person you
worked for, and must be notarized in the country that you worked in.

I hereby certify that I am a registered cosmetologist or shop owner in the country

of Country and that Applicant's Name was in my

employ as a Hairdresser, Aesthetician or Manicurist and worked Full/Part Time under

supervision from month/day/year to month/day/year in a beauty shop located at

Street City Country Postal Code

ERASURES OR CHANGES IN DATES ARE NOT ACCEPTABLE

NOTARY SEAL

Name: Shop Owner's Name

This affidavit must be notarized
in the Country where signed.

Address:

City:

State: Zip Code:

Telephone #:

Signature:

Managing Cosmetologist

Notary Public (Please Print)

Notary Public (Signature)



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**SELF-EMPLOYED AFFIDAVIT FOR OUT OF COUNTRY**  
**APPLICANTS**

Use this affidavit if you owned your own shop where you worked as a cosmetologist, aesthetician, or manicurist in another country for two years. This form must be completed and signed by the owner of the building where you operated your shop, and must be notarized in the country that you operated your shop in.

You must also submit documentation (e.g., tax records) that you owned and operated a shop.

I hereby certify that I am or was a property owner in the country of \_\_\_\_\_  
*Country*

and that I owned the property located at \_\_\_\_\_  
*Street, City, Postal Code*

and that \_\_\_\_\_ owned or operated a beauty salon at this location  
*Applicant's Name*

from \_\_\_\_\_ to \_\_\_\_\_  
*month/day/year month/day/year*

**ERASURES OR CHANGES IN DATES ARE NOT ACCEPTABLE**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

NOTARY SEAL

Name of Property Owner \_\_\_\_\_

Present Address: \_\_\_\_\_

This affidavit must be notarized  
 in the country where signed.

City: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

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

Notary Public (Signature) \_\_\_\_\_