



Commonwealth of Massachusetts
Division of Occupational Licensure
Board of Registration of Cosmetology and Barbering
1 Federal Street, Suite 0600, Boston, MA 02110
<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 _____ and that _____ was in my
Country Applicant's Name

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

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

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) _____