



The Commonwealth of Massachusetts
Division of Professional Licensure
1 Federal Street, Suite 600, Boston, MA 02110
Board of Registration of Cosmetology and Barbering
<https://www.mass.gov/orgs/board-of-registration-of-cosmetology-and-barbering>
617-727-9940

BARBER INSTRUCTOR APPLICATION **CHECKLIST**

Your application must include:

- A 2" x 2" photo
- A copy of your driver's license or government-issued photo ID
- A copy of your barber license or assistant barber instructor license
- A copy of your high school diploma or Graduate Equivalency Diploma (GED)
- A money order or check for \$170 payable to the Commonwealth of Massachusetts.
Application fees are non-refundable. All money orders must be signed and dated.
- A barber instructor must have two years of full-time (eight hours a day, five days a week) experience as a barber or assistant barber instructor, or the equivalent. A To show this, you must submit a notarized affidavit (signed by notary public with a seal) certifying the date you started and stopped working for each employer and whether the work was full- or part-time. Part-time experience will be given half credit, e.g. four years of part-time experience equals two years of full-time experience.

This affidavit must be signed by a school director if you worked as an assistant instructor in a school.

- A copy of your diploma from a barber school
- A notarized Criminal Offender Record Information (CORI) Acknowledgment Form.

After your application is approved, you will receive information about taking a written examination. A practical examination is no longer required.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.



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Barber Instructor Application
Fee: \$170

BOARD USE ONLY

Board: _____
License #: _____
Type: _____
Cash #: _____
Cash Date: _____

Please attach recent

2" X 2"

passport photograph here

1. Applicant Name: _____
Last First Middle

2. Maiden Name: _____

BOARD USE ONLY

Status Code: _____ Issue Date: _____ Lic. Exp. Date: _____

3. Date of Birth: _____

4. Permanent Address: _____
No. Street Apt. #

City/Town State Zip Code

5. Business Address (If Applicable): _____
No. Street Apt. #

City/Town State Zip Code

6. Contact Phone Number: _____ Cell Phone Number: _____

E-mail address: _____

7. 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.

Background Questions

1. Has any disciplinary action been taken against you by a licensing board in any jurisdiction?

Yes: ☐ No: ☐

If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of the incident.

2. Do you hold or have you held a professional license in any jurisdiction?

Yes: ☐ No: ☐

If your license is with the Board, please list your license number:

For other licenses, please contact the jurisdiction's licensing authority and arrange for that authority to send a certificate of standing directly to the Board indicating the status of your license, information on any pending actions, and any disciplinary information.

For questions 3-6, if you answer yes, you must submit a notarized letter explaining the incident.

3. Are you the subject of pending disciplinary action by a licensing board in any jurisdiction?

Yes: ☐ No: ☐

4. Have you ever voluntarily surrendered a professional license to a licensing board in any jurisdiction?

Yes: ☐ No: ☐

5. Have you ever applied for and been denied a professional license in any jurisdiction?

Yes: ☐ No: ☐

6. Have you ever been convicted of a felony or misdemeanor in any jurisdiction?

Yes: ☐ No: ☐

Certification

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 of Cosmetology and Barbering 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, §49A, to the best of my knowledge and belief, I and/or the business entity I represent have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant

Date



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Instructor Work Experience Affidavit

I, _____, hereby certify that I am a licensed (circle one):
(Print Name)

Cosmetologist / Aesthetician / Manicurist / Barber / Electrologist, and that I have worked
for the equivalent of two full-time years in that profession. List experience, oldest first:

1. Name of Shop: _____

Address: _____

Date started – Date ended (m/d/year to m/d/year): _____

Full- or part-time?: _____

2. Name of Shop: _____

Address: _____

Date started – Date ended (m/d/year to m/d/year): _____

Full- or part-time?: _____

3. Name of Shop: _____

Address: _____

Date started – Date ended (m/d/year to m/d/year): _____

Full- or part-time?: _____

Signature of Applicant: _____

Name of Notary Public: _____

Date Commission Expires: _____

Seal



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Instructor School Work Experience Affidavit

I, _____, hereby certify that I am the school director of
(Print Name)

_____ and that _____
(Print Name of School) (Print Name of Applicant)

worked as an assistant instructor at the School for the equivalent of two full-time years.

Name of School: _____

Address: _____

Date started – Date ended (m/d/year to m/d/year): _____

Full- or part-time?: _____

Signature of Applicant: _____

Name of Notary Public: _____

Date Commission Expires: _____

Seal

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.

SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name _____ *First Name _____ Middle Name _____ Suffix _____

*Maiden Name (or other name(s) by which you have been known) _____

*Date of Birth _____ Place of Birth _____

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Number _____ Name _____ City/Town _____ State _____ Zip _____

Number _____ Name _____ City/Town _____ State _____ Zip _____

SECTION A: VERIFICATION BY DPL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:¹

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

VERIFIED BY: _____

Name of Verifying DPL Employee (Please Print)

Signature of Verifying DPL Employee (Please Print)

Date

SECTION B: VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On:

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by the other forms of identification documentation as determined by DCJIS. 803 CMR 2.09 (2).