



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

Demonstrator's Application

DEMONSTRATOR APPLICANTS INSTRUCTIONS

In order to be eligible to apply for a demonstrator's license you must have at least 3 month's practical experience as such.

A completed application must include:

- If you do not hold any license, a notarized affidavit certifying work experience for each manufacturer or distributor must be attached to the application. This affidavit must be on the letterhead of the company or product for which you are demonstrating.
- A copy of your driver's license or picture ID
- One 2" x 2" photograph
- Money order or check for \$136.00 made payable to: Commonwealth of Massachusetts.
***Application fees are non-refundable.* All money orders must be signed and dated.**

Any person who is registered as a hairdresser, aesthetician, operator or instructor may, upon payment of the appropriate fee, be registered also as a demonstrator, and may thereafter practice as such. If you hold a license in another state please attach a copy to the application.

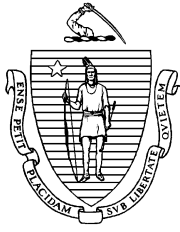
A person who is issued a demonstrator's license may **only perform demonstrations for individuals in the cosmetology industry and not the general public.**

Demonstrations may be performed in the following locations: in a registered shop in the Commonwealth, at hairdressers' trade shows or meetings in the presence of licensed beauty shop owners and their employees, in the business quarters of distributors or supply houses, or in schools of beauty culture with licensed instructors in attendance.

There shall be no charge for these demonstrations.

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

Incomplete applications can further delay processing time.



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Demonstrator Application-Fee \$136.00

BOARD USE ONLY
Board: _____
License #: _____
Type: _____
Cash #: _____
Cash Date: _____

Please attach recent
 2" X 2"
 passport photograph here

1. Applicant Name: _____
LastFirstMiddle
2. Maiden Name: _____
3. Current License#: _____ License Expiration Date: _____

BOARD USE ONLY		
Status Code: _____	Issue Date: _____	Lic. Exp. Date: _____

4. Date of Birth: _____
5. Permanent Address: _____
No.StreetApt. #

City/TownStateZip Code
6. Business Address (If Applicable): _____
No.StreetApt. #

City/TownStateZip Code
7. Contact Phone Number: _____ Cell Phone Number: _____
 E-mail address: _____

8. 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.

9. 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. _____
10. 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.
11. 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.
12. 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.
13. 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.
14. 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.

15. Present Employer _____

16. High School Attended _____

Name & Address of School

Date Started: _____

Date Finished: _____

17. Cosmetology School Attended _____

Name & Address of School

Date Started: _____

Date Finished: _____

18. I certify, under the pains and penalties of perjury, that I am of good moral character and 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

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.

