



The Commonwealth of Massachusetts
Division of Occupational Licensure
1 Federal Street, Suite 0600, 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

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