



The Commonwealth of Massachusetts  
Division of Professional Licensure  
1000 Washington Street Suite 710  
Boston, MA 02118-6100

**Board of Registration of Cosmetology and Barbering**

<https://www.mass.gov/orgs/board-of-registration-of-cosmetology-and-barbering>

617-727-9940

## **LAPSED BARBER LICENSE APPLICATION**

**A license is lapsed if it has not been renewed within three years of its expiration date.** A person wishing to reinstate such a license must pass a practical examination, unless that person has a current instructor license and wishes to reinstate a lapsed cosmetology, aesthetics, or barbering license or has a current cosmetology, aesthetics, or barbering license and wishes to reinstate a lapsed instructor license. G.L. Ch. 112, Section 87GG.

### **A COMPLETE APPLICATION MUST INCLUDE:**

- A small 2" x 2" photo
- A copy of your driver's license or other government-issued photo ID
- A notarized Criminal Offender Record Information (CORI) Acknowledgment Form.

Please retain copies of all paperwork submitted.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**



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### Lapsed Barber License Application Practical Exam Required

<b>BOARD USE ONLY</b> Board: _____ License #: _____ Type: _____ Cash #: _____ Cash Date: _____
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Please attach recent

2" X 2"

passport photograph here

1. Applicant Name: \_\_\_\_\_  
Last First Middle

2. Maiden Name: \_\_\_\_\_

3. Expired License#: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

<b>BOARD USE ONLY</b>		
Status Code: _____	Issue Date: _____	Lic. Exp. Date: _____

4. Date of Birth: \_\_\_\_\_

5. Permanent Address: \_\_\_\_\_  
No. Street Apt. #

City/Town State Zip Code

6. Business Address (**If Applicable**): \_\_\_\_\_  
No. Street Apt. #

City/Town State Zip Code

7. Contact Phone Number: \_\_\_\_\_ Email 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.

### 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. Other than the license listed above, 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:

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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**

# 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:<sup>1</sup>

- 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:<sup>1</sup>

- 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:

<sup>1</sup> 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).