



Commonwealth of Massachusetts
Division of Occupational Licensure
Board of Registration of Cosmetology and Barbering
1000 Washington Street, Suite 710, Boston, MA 02118
<https://www.mass.gov/orgs/board-of-registration-of-cosmetology-and-barbering>
617-701-8792

LAPSED ELECTROLOGY 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.
- Proof of continuing education in accordance with 240 CMR 11.06

Please retain copies of all paperwork submitted.

Please note that the Board no longer issues temporary permits.

EXAM REQUIREMENTS:

Applicants with an Electrology license that has been expired for three years but less than five years must pass the practical examination.

Applicants with an Electrology license that has been expired for five years or more must pass the written and practical examination.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

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:

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

**COMMONWEALTH OF MASSACHUSETTS
1000 Washington Street, Suite 710
Boston, MA 02118-6100**

**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:

I understand that the Division of Professional Licensure may conduct a subsequent CORI check within one year of the date this Form was signed by me.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of this Form, 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.

