

**Commonwealth of Massachusetts**  
**Division of Professional 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>  
617-727-9940

**BARBER OUT OF COUNTRY APPLICATION**  
**CHECKLIST**

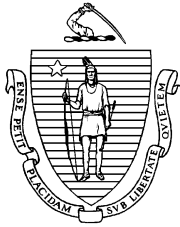
Your application must include:

- One 2” x 2” photo
- A copy of your passport
- One of the following:
  1. **An affidavit from your school** notarized in the country where you went to school certifying the dates of your enrollment and your completion of a barbering program, as well as the exact number of hours of training in each subject.
    - An affidavit from your school must specify the exact hours in each subject. For example, “300 hours of barbering” is too vague and will not be accepted, but “50 hours in shaving, 75 hours in hair coloring,” etc. is more specific and will be accepted.
    - Your school affidavit must be accompanied by official documentation from the country’s government showing that the school was authorized or licensed to operate and when it was authorized or licensed. The documentation must show that the school was authorized or licensed when you attended.
  2. **An affidavit from your employer** notarized in the country where you worked, certifying that you worked for at least two years as a barber. For self-employed applicants, a notarized affidavit from your landlord certifying that you operated a barber shop for at least two years is acceptable.

**All supporting documents must be originals and translated by an accredited agency.**

- A notarized Criminal Offender Record Information (CORI) Acknowledgment Form.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**



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Barber Out of Country Application

Practical & Written Exam Required

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:

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?

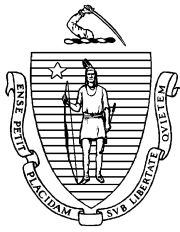
Yes:             No:

## **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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**EMPLOYER’S AFFIDAVIT FOR OUT OF COUNTRY APPLICANTS**

Use this affidavit if you worked in another country for two years as a barber. This form must be completed and signed by the person you worked for, and must be notarized in the country that you worked in.

I hereby certify that I am a registered barber or shop owner in the country of \_\_\_\_\_ and that \_\_\_\_\_ was in my  
*Country Applicant’s Name*

employ as a \_\_\_\_\_ and worked \_\_\_\_\_ under  
*Barber Full/Part Time*

supervision from \_\_\_\_\_ to \_\_\_\_\_ in a beauty shop located at  
*month/day/year month/day/year*

\_\_\_\_\_

*Street City Country Postal Code*

**ERASURES OR CHANGES IN DATES ARE NOT ACCEPTABLE**

NOTARY SEAL

Name: \_\_\_\_\_  
*Shop Owner’s Name*

This affidavit must be notarized in the Country where signed.

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Signature: \_\_\_\_\_

*Owner / Managing Barber*

Notary Public (Please Print) \_\_\_\_\_

Notary Public (Signature) \_\_\_\_\_



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**SELF-EMPLOYED AFFIDAVIT FOR OUT OF COUNTRY**  
**APPLICANTS**

Use this affidavit if you owned your own shop where you worked as a barber in another country for two years. This form must be completed and signed by the owner of the building where you operated your shop, and must be notarized in the country that you operated your shop in.

You must also submit documentation (e.g., tax records) that you owned and operated a shop.

I hereby certify that I am or was a property owner in the country of \_\_\_\_\_  
*Country*

and that I owned the property located at \_\_\_\_\_  
*Street, City, Postal Code*

and that \_\_\_\_\_ owned or operated a barber shop at this location  
*Applicant's Name*

from \_\_\_\_\_ to \_\_\_\_\_  
*month/day/year month/day/year*

**ERASURES OR CHANGES IN DATES ARE NOT ACCEPTABLE**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

NOTARY SEAL

Name of Property Owner \_\_\_\_\_

Present Address: \_\_\_\_\_

This affidavit must be notarized  
 in the country where signed.

City: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Notary Public (Please Print) \_\_\_\_\_

Notary Public (Signature) \_\_\_\_\_

# 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).