



Commonwealth of Massachusetts
Division of Occupational Licensure
Board of Registration of Cosmetology and Barbering
One Federal Street, Suite 600, Boston, MA 02110
www.mass.gov/cosmetology
617-701-8792

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.



Commonwealth of Massachusetts
Division of Occupational Licensure
Board of Registration of Cosmetology and Barbering
One Federal Street, Suite 600, Boston, MA 02110
www.mass.gov/cosmetology
617-701-8792

Barber Out of Country Application

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 Occupational 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



Commonwealth of Massachusetts
Division of Occupational Licensure
Board of Registration of Cosmetology and Barbering
One Federal Street, Suite 600, Boston, MA 02110
www.mass.gov/cosmetology
617-701-8792

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 Address: _____
in the Country where signed.

City: _____

State: _____ Zip Code: _____

Telephone #: _____

Signature: _____

Owner / Managing Barber

Notary Public (Please Print) _____

Notary Public (Signature) _____



Commonwealth of Massachusetts
Division of Occupational Licensure
Board of Registration of Cosmetology and Barbering
One Federal Street, Suite 600, Boston, MA 02110
www.mass.gov/cosmetology
617-701-8792

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

This affidavit must be notarized
in the country where signed.

Name of Property Owner _____

Present Address: _____

City: _____

Signature of Owner: _____

Notary Public (Please Print) _____

Notary Public (Signature) _____

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

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Occupational 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 Occupational 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 Occupational Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

I understand that the Division of Occupational Licensure may conduct a subsequent CORI check within one year of the date this Form was signed by me. I understand that if my licensure is not completed within one year from the date of this authorization, I will be required to submit a new authorization form prior to licensure.

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: DOL 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 DOL 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: (A red 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

* Social Security Number: _____ - _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DOL Offices, Section A must be completed. Otherwise, Section B must be completed.

SECTION A: VERIFICATION BY DOL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:¹

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

VERIFIED BY: _____

Name of Verifying DOL Employee (Please Print)

Signature of Verifying DOL Employee

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:¹

☐ 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

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).