

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

COSMETOLOGY OUT OF STATE APPLICATION
CHECKLIST

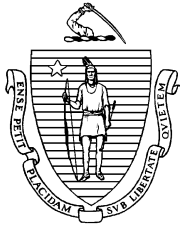
Your application must include:

- One 2” x 2” photo
- A copy of your driver’s license
- A copy of your cosmetology, aesthetics, or manicuring license from another state
- You must have the state in which you are licensed send a verification (also sometimes called a certification) of your license directly to the Board whether or not your license is current. This verification or certification should indicate the status of your license, information on any pending actions, and any disciplinary information.
 - If your license is **current**, then you do not need to take any Massachusetts exam, and your license will be issued upon approval of your application.
 - If your license is **expired**, then you must take the Massachusetts practical exam before you will be licensed.
 - If you went to school in another state and have not yet been licensed in any state, then you must take the Massachusetts written and practical exams before you will be licensed.
- A money order or check payable to the Commonwealth of Massachusetts in the following amount, depending on your application:
 1. Applying **with a current license** in another state: \$204
 2. Applying **without a current license** in another state: \$136

All money orders must be signed and dated. ***Application fees are non-refundable.***
- An official transcript from your cosmetology school in an envelope sealed by the school showing the subjects and the number of hours in each subject that you completed, and your graduation from the program.
- A notarized Criminal Offender Record Information (CORI) Acknowledgment Form.

Please note that the Board no longer issues temporary permits.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.



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Cosmetology Out of State Application

Fee for Applicants With a Current License in Another State: \$204.00

Fee for Applicants Without a Current License in Another State: \$136.00

<p align="center">BOARD USE ONLY</p> <p>Board: _____</p> <p>License #: _____</p> <p>Type: _____</p> <p>Cash #: _____</p> <p>Cash Date: _____</p>

Please attach recent

2" X 2"

passport photograph here

Type of License applying for (check one):

Cosmetologist

Aesthetician

Manicurist

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

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:¹

- 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: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 the other forms of identification documentation as determined by DCJIS. 803 CMR 2.09 (2).