



The Commonwealth of Massachusetts
Division of Professional Licensure
1000 Washington Street, Suite 710, Boston, MA 02118
Board of Registration of Cosmetology and Barbering
[https://www.mass.gov/orgs/board-of-registration-of-cosmetology-
and-barbering](https://www.mass.gov/orgs/board-of-registration-of-cosmetology-and-barbering)
617-727-9940

COSMETOLOGY & BARBERING SHOP-EMPLOYED STUDENT APPLICATION

Your application must include:

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

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

PLEASE NOTE THE FOLLOWING REQUIREMENTS FOR SHOP-EMPLOYED STUDENTS:

- The student must be currently enrolled and in good standing at a Board-licensed school
- The student cannot be enrolled in an Apprentice Program
- The student and the school must obtain a registration for the student as a shop-employed student before performing any work at the shop
- All shops must be licensed by the Board
- Shop-employed students may not work at a shop during their scheduled school hours

**All participating students and shops must comply with the Board's Policy 2019-01:
Student Apprenticeship & Employment**

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:

School Information

Name of School _____ School License Number _____

School Address _____

City _____ State _____ Zip Code _____

Student Start Date _____ Scheduled Completion Date _____

School Schedule

Days	MON	TUE	WED	THU	FRI	SAT	SUN	Total
Hours								

Shop Information

Shop Name _____ Shop License Number _____

Shop Address _____

City _____ State _____ Zip Code _____

Shop Owner _____

Shop Supervisor _____ License Number _____

Work Schedule:

Days	MON	TUE	WED	THU	FRI	SAT	SUN	Total
Hours								

Signature of School Official _____ Date _____

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