



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 STUDENT APPRENTICE 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 STUDENT
APPRENTICES:**

- The student must be currently enrolled and in good standing in a Board-approved Apprentices Program at a licensed Cosmetology or Barbering school
- The student cannot also be registered as a shop-employed student
- The student must complete 200 school hours before applying to become an apprentice
- The student and the school must obtain a registration for the student as an apprentice before the student may perform any Cosmetology or Barbering services in a shop
- All shops must be licensed by the Board

**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 _____

Program Cosmetology Barbering

Student Start Date _____ Scheduled Completion Date _____

Number of School Hours Completed to 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 _____

Apprentice 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

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.

