

# <u>COSMETOLOGY & BARBERING STUDENT</u> <u>APPRENTICE APPLICATION</u>

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 Apprentice 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



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

#### **Cosmetology & Barbering Student Apprentice Application**

BOARD USE ONL			Please attach recent
Board: License #:	_		2" X 2"
Type: Cash #: Cash Date:	-		passport photograph here
1. Applicant Name:			
	Last	First	Middle
2. Maiden Name:			
Status Code: 3. Date of Birth:	Issue I	RD USE ONLY Date: Li	c. Exp. Date:
4. Permanent Address	No.	Street	Apt. #
	City/Town	State	Zip Code
5. Contact Phone Num	ber:	Cell Phone Num	ber:
6. E-mail address:			
7. Social Security Num			nsura is required to obtain

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: I No: I
--------------

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: D No: D

4. Have you ever voluntarily surrendered a professional license to a licensing board in any jurisdiction?

Yes: D No: D

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: D No: D

## **School Information**

Name of S	chool				_School Li	icense Num	ber	
School Ad	dress							
City				Sta	te	Zip Co	de	
Program		Cosmetolo	gy	🗖 Ba	arbering			
Student St	art Date		Sch	eduled Com	pletion Dat	te		
Number of	f School Ho	ours Comple	eted to Date _					
School Scl	nedule							
Days	MON	TUE	WED	THU	FRI	SAT	SUN	Total
Hours								
				p Inform				
Shop Nam	e			Shop	) License N	umber		
Shop Add	cess							
City				State		_Zip Code		
Shop Own	er							
Shop Supe	ervisor				License	Number		
Apprentice	e Work Sch	edule:						
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.

## SUBJECT INFORMATION: (An asterisk (\*) denotes a required field)

	*First Name	Middle Name	9	Suffix
*Maiden Name (or	other name(s) by which you hav	ve been known)		
*Date of Birth		Place of Birth		
*Last Six Digits of `	Your Social Security Number: _			
Sex: He	eight: ft in. Eye	Color:		
Driver's License or	ID Number:	State of Issue:		
Current and Forme	r Addresses:			
Number	Name	City/Town	State	Zip
Number	Name	City/Town	State	Zip
above-referenced s	subject by reviewing the followin State-issued driver's license			ר: <sup>1</sup>
above-referenced s Passport S	subject by reviewing the followin State-issued driver's license	ng form(s) of government-iss	ued identification	ר: <sup>1</sup>
above-referenced s Passport S	subject by reviewing the followin State-issued driver's license : Name of Verifying Df	ng form(s) of government-iss Military identification Stat	ued identification	ר: <sup>1</sup>
above-referenced s Passport S VERIFIED BY	subject by reviewing the followin State-issued driver's license : Name of Verifying Df	ng form(s) of government-iss Military identification Stat PL Employee (Please Print)	ued identification	n: <sup>1</sup> ation card
above-referenced s Passport S VERIFIED BY SECTION B: VER	subject by reviewing the followin State-issued driver's license M : Name of Verifying DI  Signature of Verifying	ng form(s) of government-iss Military identification Stat PL Employee (Please Print) g DPL Employee (Please Pr	ued identification	n: <sup>1</sup> ation card
above-referenced s Passport S VERIFIED BY SECTION B: VER On this day	Subject by reviewing the following the following State-issued driver's license	ng form(s) of government-iss Military identification Stat PL Employee (Please Print) g DPL Employee (Please Pr	e-issued identification	n: <sup>1</sup> ation card Date
above-referenced s Passport S VERIFIED BY SECTION B: VER On this day appearedthrough satisfactory	subject by reviewing the following the following the following the following the following the following of the second driver's license in the second drin	ng form(s) of government-iss Military identification Stat PL Employee (Please Print) g DPL Employee (Please Pr g DPL Employee (Please Pr 	e-issued identification	n: <sup>1</sup> eation card Date
above-referenced s Passport S VERIFIED BY SECTION B: VER On this day appeared through satisfactory Passport S to be the person wi	subject by reviewing the following the following the following the following the following the following of the second driver's license in the second drin	ng form(s) of government-iss Military identification Stat PL Employee (Please Print) g DPL Employee (Please Pr g DPL Employee (Please Pr (name of document signe ch was the following: <sup>1</sup> Military identification Stat	ived identification e-issued identific int) notary public, per r), and proved to e-issued identific	n: <sup>1</sup> ation card Date

<sup>&</sup>lt;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).