



CHARLES D. BAKER  
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JAY ASH  
SECRETARY OF HOUSING AND  
ECONOMIC DEVELOPMENT

**Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
**BOARD OF REGISTRATION OF BARBERS**

1000 Washington Street • Boston • Massachusetts • 02118

JOHN C. CHAPMAN  
UNDERSECRETARY OF  
CONSUMER AFFAIRS AND  
BUSINESS REGULATION

CHARLES BORSTEL  
DIRECTOR, DIVISION OF  
PROFESSIONAL LICENSURE

**VERIFICATION REQUEST**

**Massachusetts' Licensee:** Please provide the information requested below and forward this request to the address listed above **along with** a check or money order in the amount of \$15.00 for each letter requested. Please make the check or money order payable to: the Commonwealth of Massachusetts.

**To Be Completed By Licensee (Please Print In Ink)**

I, the undersigned Licensee, was granted a license as a **Master/Apprentice** (circle one) **Barber**

with license number \_\_\_\_\_ on \_\_\_\_\_ in the Commonwealth of  
(License #) (Date)

Massachusetts. I request that the Board of Registration of Barbers forward verification of my  
licensure to the recipient stated below:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Zip Code: \_\_\_\_\_

Furthermore, I hereby **authorize** the Board of Registration of Barbers to release my information,  
**favorable or otherwise**, directly to the above stated recipient.

*Licensee's signature & Date* \_\_\_\_\_

*Licensee's printed or typed name* \_\_\_\_\_

*Licensee's Address:* \_\_\_\_\_

*Licensee's phone #:* \_\_\_\_\_

