

Commonwealth of Massachusetts Board of Cosmetology and Barbering



EDUCATION COMPLETION/LICENSING APPLICATION FORM BARBER LICENSE

TO MAKE A RESERVATION

You **MUST** complete the Massachusetts Barber Education Completion/Licensing Application (form #1302-01). Please read the application carefully and completely before visiting the Pearson VUE website at **www.pearsonvue.com/ma/cos** or calling Pearson VUE at **(800) 274-3703** to make an examination reservation.

Please note that if you answer "YES" to any of questions 6-11 (which deal with prior disciplinary action or criminal history background) on the application, you **CANNOT** make an examination reservation through Pearson VUE. You **MUST** first mail your application to:

**Division of Professional Licensure
Board of Cosmetology and Barbering
Attn: Office Manager
1000 Washington Street, Suite 710
Boston, MA 02118-6100**

You will receive further information from the Board of Cosmetology and Barbering within 2-3 weeks of receipt of your application.

FEES

EXAMINATION FEE

Candidates **MUST** pay the Examination Fee at the time of reservation via credit card, electronic check, or voucher. Examination fees will **NOT** be accepted at the test center. (See inside front cover for fees.)

WHAT TO BRING

To take the examination, you **MUST** bring all of the following items with you to the test center on examination day:

- A completed application, which must include a school stamp or Board stamp, your signature, and all other required documents;
- Two forms of signature identification, one of which **MUST** be photo-bearing;
- Failing Score Report (for retakers only); and
- Supplies required for your examination/licensure level (refer to Massachusetts Barber Candidate Handbook for a list of supplies).

NOTE: Your state's license fee is no longer collected at the testing site. Rather you will be required to pay for your license after you pass your exam(s) via a web application. It's very important that you have a **valid e-mail address** to receive your license fee information. Acceptable forms of payment include credit or debit cards. (See Fee Information on the next page.)

BOARD APPROVAL

The Board of Cosmetology and Barbering (Board) **MUST** review and approve all applications from candidates with disciplinary action on a professional license and/or criminal history background.

TEST CENTER INFORMATION

Barbers may take the examination **ONLY** on Mondays and Saturdays as scheduled at approved Pearson VUE Test Centers. You are responsible for scheduling the correct examination at an approved test center. A list of test centers appears in the *Massachusetts Barber Candidate Handbook*, which is available at no charge on Pearson VUE's Web site (www.pearsonvue.com) under the heading "State-Regulated".

See *Examination/Licensing Fees and Specific Requirements for Examinations* on inside front cover.

Application continues next page

Pearson VUE Examination Licensure Levels
EXAMINATION/LICENSING FEE INFORMATION
AND SPECIFIC REQUIREMENTS

APPRENTICE: PRACTICAL AND WRITTEN EXAMS

Exam Series Code: MA-20-AppBarber

To obtain an **Apprentice** license, you must be at least sixteen (16) years of age; have completed one-thousand (1000) hours in an accredited barber school in six (6) months or more; and pass both the written and practical examinations.

	Examination Fee	License Fee
First time Candidates	\$130	\$20
Retake Candidates	\$103	\$20

ALIEN APPRENTICE: PRACTICAL EXAM ONLY

Exam Series Code: MA-20-AlienBar

An **Alien Apprentice** is an individual who has trained as a barber outside of the United States. To obtain an Alien Apprentice license, you must be at least eighteen (18) years of age. To be approved for testing, you must mail to the Board of Cosmetology and Barbering at **Division of Professional Licensure, Board of Cosmetology and Barbering, Attn: Office Manager**, 1000 Washington Street, Suite 710, Boston, MA 02118-6100 the following documents:

- Completed Application (**obtain from Board Office by calling 617-727-9940**);
- You need a Social Security number;
- Document(s) (in both original language and English) verifying that you have worked for two (2) or more years as a barber outside of the United States;
- You need a green card allowing you to work; and
- A copy of your Birth Certificate or Photo Passport.

Lapsed Apprentice and Lapsed Alien Apprentice candidates are those who were previously licensed in Massachusetts, but have allowed their licenses to lapse. If you are a **Lapsed Apprentice** or a **Lapsed Alien Apprentice**, you must apply for Exam Series Code: MA-20-AlienBar.

	Examination Fee	License Fee
First time Candidates	\$103	\$20
Retake Candidates	\$103	\$20

MASTER BARBER: PRACTICAL AND WRITTEN EXAMS

Exam Series Code: MA-20-MstrBar

To obtain a **Master Barber** license, you must have apprenticed under a Master Barber for eighteen (18) months or longer (**please note that Alien Apprentice Barbers must have apprenticed under a Master Barber for two (2) years or more**); and pass both the written and practical examinations.

Please note that if you are applying for a Master Barber license, you should have **received this application from the Board**. If you did **NOT** receive this application from the Board, please call (617)727-9940 before filling out this application.

NOTE: All Master Barber applications must include a Board Stamp. You must pay the application fee of \$66 directly to the Board if you applied with the Board online or if your application was issued on or after 9/21/16.

	Examination Fee	License Fee
First time Candidates	\$196*	\$78
Retake Candidates	\$103	\$78

** Please note that the examination fee is \$130. You MUST pay the total fee of \$130 at the time of reservation via credit card, electronic check, or voucher.*

LAPSED MASTER BARBER: PRACTICAL EXAM ONLY

Exam Series Code: MA-20-LpsBarber

Examination Fee	License Fee
\$169**	\$78

NOTE: If your license has lapsed, you **MUST** be approved for testing by the Board before scheduling an examination. You must pay the application fee of \$66 directly to the Board if you applied with the Board online or if your application was issued on or after 9/21/16.

*** Please note that the examination fee is \$103. You MUST pay the fee of \$103 at the time of reservation via credit card, electronic check, or voucher.*

ID #: _____

OFFICIAL USE ONLY



License #: _____
Full Name: _____
Examination Date: ____ / ____ / ____

OFFICIAL USE ONLY

Commonwealth of Massachusetts
BOARD OF REGISTRATION OF COSMETOLOGY AND BARBERING
Application for Barber License

Please note that this application **MUST** be completed in pen.

LICENSURE LEVEL - CHECK ONE

- ☐ Apprentice Barber
☐ Alien Apprentice Barber
☐ Master Barber
☐ Lapsed Apprentice or Lapsed Alien Apprentice Barber
☐ Lapsed Master Barber

EXAMINATION TYPE - CHECK ONE

- ☐ Practical & Written
☐ Practical Examination
☐ Written Examination

1. Name

LAST
FIRST
MI
MAIDEN

2. Address

NUMBER
STREET

CITY OR TOWN
STATE
ZIP CODE

3. Telephone

DAY/WORK
EVENING/HOME

4. Date of Birth

5. 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.

6. Has any disciplinary action been taken against you by a licensing board in any jurisdiction?
☐ Yes*
☐ No

If YES, please state details. (Use separate sheet if necessary)

7. Do you hold or have you held a professional license in any jurisdiction?
☐ Yes
☐ No

If yes, 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. Master Barber and Lapsed candidates, please enter your Massachusetts barber license information below:

State	License #	Date Certified	Present License Status			
			Current	Lapsed	Revoked/Suspended	Probation

8. Are you the subject of pending disciplinary action by a licensing board in any jurisdiction?
☐ Yes*
☐ No

If YES, please state details. (Use separate sheet if necessary)

9. Have you voluntarily surrendered a professional license to a licensing board in any jurisdiction?
☐ Yes
☐ No

If YES, please state details. (Use separate sheet if necessary)

10. Have you ever applied for and been denied a professional license in any jurisdiction?
☐ Yes
☐ No

If YES, please state details. (Use separate sheet if necessary)

11. Have you been convicted of a felony or misdemeanor in any jurisdiction?
☐ Yes*
☐ No

If YES, please state details. (Use separate sheet if necessary)

**BOARD
STAMP**

If you answered "YES" to any of questions 6-11, your application **MUST** include a Board Stamp and Board Agent's Signature Approval.

Signature of Board Agent

Date

12. APPRENTICE APPLICATION ONLY (to be completed by the school director)

Today's date _____

I hereby certify that the above named applicant began and completed the required barber course of study as documented below:

Course Begin date _____ Course Completion Date _____ Number of Hours _____

School Name _____

Address _____

CITY/STATE

ZIP CODE

Theory Grade _____ Practical Grade _____

I, _____, as Director of _____ School, certify
DIRECTOR'S NAME SCHOOL NAME

that _____ has completed the required course of study.
CANDIDATE'S NAME

**SCHOOL
STAMP**

Director's Signature

Date

13. ALIEN APPRENTICE APPLICANTS (OR LAPSED APPRENTICE) (Board Approval)

Level 02 Applicants MUST obtain Board Approval before scheduling an examination.

**BOARD
STAMP**

Signature of Board Agent

Date

14. MASTER BARBER APPLICANTS ONLY - Work Experience

List below the names and addresses of the registered barber(s) under whom you served your full apprenticeship in barbering. Please document a full eighteen (18) month period. ALIEN APPRENTICES MUST WORK TWO (2) YEARS BEFORE APPLYING.

1. Name of Registered Barber _____ Dates Worked _____ - _____
PLEASE PRINT FROM TO

Business Name _____ Business Address _____

Signature of Registered Barber _____ Business Telephone _____

2. Name of Registered Barber _____ Dates Worked _____ - _____
PLEASE PRINT FROM TO

Business Name _____ Business Address _____

Signature of Registered Barber _____ Business Telephone _____

If your work experience has been supervised by more than two barbers, please provide additional information on a separate sheet of paper.

**BOARD
STAMP**

Signature of Board Agent

Date

15. LAPSED MASTER BARBER APPLICANTS (Board Approval)

Level 04 Applicants MUST obtain Board Approval before scheduling an examination.

**BOARD
STAMP**

Signature of Board Agent

Date

16. REQUIRED BY ALL APPLICANTS (Levels 01, 02, 03, and 04): Affidavit

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 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 M.G.L. c. 62C, s. 47A, to the best of my knowledge and belief, I 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).