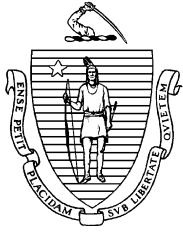


The Commonwealth of Massachusetts
Division of Professional Licensure
1000 Washington Street Suite 710
Boston, MA 02118-6100
Board of Electrology
www.mass.gov/dpl/boards/et
617-727-3939

ELECTROLOGY RECIPROCITY APPLICANTS

INSTRUCTION SHEET

- A small 2x2 photo
- A money order for \$97.00
- All questions must be answered, incomplete applications will be returned
- Applicants must be at least 18 years of age
- High school diploma or equivalent
- Electrolysis school diploma
- A completed out of state verification form



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BOARD USE ONLY

Board: _____
License #: _____
Type: _____
Cash #: _____
Cash Date: _____

Please attach recent passport

2 X 2

photograph here

1. Applicant Name: _____
Last First Middle

2. Maiden Name: _____

3. State in which you hold a current license : _____

BOARD USE ONLY

Status Code: _____ Issue Date: _____ Lic. Exp. Date: _____

4. Date of Birth: _____ 5. Place of Birth: _____

6. Permanent Address: _____
No. Street Apt. #

City/Town State Zip Code

7. Business Address (If Applicable): _____
No. Street Apt. #

City/Town State Zip Code

8. Telephone Number-Day: _____ Evening: _____

9. 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.

10. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. _____
11. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: _____ No: _____
If yes, please state the details (use a separate sheet if necessary):

12. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: _____ No: _____
If yes, please state the details (use a separate sheet if necessary):

13. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction?
Yes: _____ No: _____ If yes, please state the details (use a separate sheet if necessary):

14. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: _____ No: _____
If yes, please state the details (use a separate sheet if necessary): _____

15. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction , other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: _____ No: _____
If yes, please state the details (use a separate sheet if necessary):

16. Name of Electrology School Attended _____
School Address _____
Number of hours completed _____ Date of Graduation _____

AFFIDAVIT AND NOTARIZATION

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 in Electrology to deny me the right to sit as a candidate or to suspend or Revoke a license issued to me in accordance with the Massachusetts Law. I further Attest that pursuant to G.L. c.62C, s. 49A, to the best of my knowledge and belief, I have filed all state tax returns and paid all taxes required by law

Signature of applicant

Date

NOTARY

Jurisdiction of:_____County of:_____SS:_____

I, _____a notary Public in the for said county, in the

Jurisdiction of aforesaid, DO HEREBY CERTIFY that_____

Is personally known to me to be the same person whose name is subscribed to the foregoing

Instrument, appeared before me this day in person, and acknowledge that he/she signed.

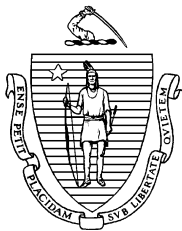
Sealed and delivered the said instrument as his/her free and voluntary act, for uses and

Purposes therein set forth

Given under my hand and notorial seal this_____day of_____20_____

Notary Public

My commission expires



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LICENSE VERIFICATION FORM

INSTRUCTIONS TO APPLICANTS:

Please send one copy of this form to each Board by which you are or have been licensed to practice as an electrologist. Please be advised that some states require a processing fee.

State and Name of Board

_____ has applied for an electrology license in the state of Massachusetts. The Board would appreciate that you would complete this form and return it to the Board at the above address. Thank you.

License Number _____ Date of Issue _____

Basis of Licensure: Endorsement _____ Examination _____ if so, please specify type of examination, and subjects tested and score (s) received _____

Was a practical examination given? _____ if so, please give date _____.
score received on practical _____.

Is this individual presently under investigation? ____ Yes ____ No

Has this individual ever had any complaints filed against them? ____ Yes ____ No

Has this license ever been suspended, revoked or any disciplinary action? ____ Yes ____ No

Is this license presently current and valid? ____ Yes ____ No. Expiration date _____

BOARD SEAL

Signature _____

Title _____

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).