

# The Commonwealth of Massachusetts Division of Professional Licensure 1000 Washington Street Suite 710 Boston, MA 02118-6100

# Board of Registration of Cosmetology and Barbering

www.mass.gov/dpl/boards 617-727-9940

BOARD USE ONLY	Please attach recent
Board:	
License #:	2" X 2"
Type:	
Cash #:	passport photograph here
Cash Date:	

# **Individual Licensee Registration to Provide Mobile Services**

The Board's mobile cosmetology and barbering policy allows mobile services at locations chosen by the client, such as a client's home, office, etc., and services in a mobile vehicle equipped as a shop. Under this policy, "all persons and businesses that offer Mobile Services shall register." This means that each of the following must be registered and approved before offering mobile services: (1) a licensee offering mobile services, whether on location or in a vehicle (an individual); (2) a business with more than one licensee providing mobile services (a mobile business); and (3) a vehicle equipped as a shop (a mobile unit). Each licensee, business, and unit must register using a different form. An owner of a business or unit does not need to be a licensee, but all individuals who provide mobile services must be licensed to provide those services. This is a registration form ONLY for an individual licensee who will be offering mobile services.

To be complete, this application must include: (1) a passport photograph; (2) a copy of your driver's license or state identification card; (3) a copy of your professional license(s); and (4) a signed Criminal Offender Record Information (CORI) form, a copy of which is attached.

After the Board receives and approves your registration, you will receive an approval letter. You are not authorized to provide mobile services until you receive that approval letter.

# Name: Last First Middle Telephone Number: Email Address: Social Security or Federal Tax Identification Number: 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. License Type(s): Type 1 Cosmetologist Type 3 Manicurist Type 6 Aesthetician Master Barber Type 2 Operator Type 7 Aesthetician Apprentice Barber License Number(s):

Street A	Address			
	City	State		Zip
		<b>Background Questions</b>		
l. Do you ho	old or have you held a pr	ofessional license in any jurisdiction?	Yes: □	No: □
f your licens	se is with the Board of Co	osmetology and Barbering, please list yo	our license num	ber:
certificate of		e jurisdiction's licensing authority and an Board indicating the status of your licens tion.		
For questionecessary.)		s yes, please state details on the line	provided. (Us	se a separate sheet
2. Has any c	disciplinary action been to	aken against you by a licensing board ir	any jurisdiction	1?
∕es: □	No: □			
3. Are you th	ne subject of pending dis	ciplinary action by a licensing board in a	any jurisdiction?	
∕es: □	No: □			
I. Have you	voluntarily surrendered	a professional license to a licensing boa	ırd in any jurisdi	ction?
∕es: □	No: □			
5. Have you	ever applied for and bee	en denied a professional license in any j	urisdiction?	
∕es: □	No: □			
3. Have you	been convicted of a felo	ny or misdemeanor in any jurisdiction?		
∕es: □	No: □			

## **Attestation**

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for registration 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 suspend or revoke a license or registration issued to me in accordance with Massachusetts Law. I further attest that, pursuant to Massachusetts General Laws 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. I further agree that I will adhere to all applicable Massachusetts laws and regulations pertaining to the practice of cosmetology or barbering.

Name and Signature:			
	<u> </u>		
Signature of Applicant	Print Name	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 registrat	ion 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 INFOR	<u>RMATION</u> : (An asterisk (*) de	enotes a required field	)		
Last Name	*First Name	Middle N	Name		Suffix
Maiden Name (or	other name(s) by which you ha	ave been known)			
Date of Birth		Place of Birth			
Last Six Digits of	Your Social Security Number: _		_		
Sex: H	eight: ft in. Eye	e Color:			
Oriver's License or	r ID Number:	State of Issue:			
Current and Forme	er Addresses:				
Number	Name	City/To	wn	State	Zip
				Ctoto	
above-referenced	Name  IFICATION BY DPL EMPLOYI subject by reviewing the following the fo	ing form(s) of governmen	I verified the	entification	: <sup>1</sup>
SECTION A: VER above-referenced Passport	IFICATION BY DPL EMPLOYI subject by reviewing the following tate-issued driver's license	EE: I hereby certify that ing form(s) of governmen	I verified the nt-issued ide State-issue	e identity o	of the
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<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).