

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

**COSMETOLOGY OUT OF COUNTRY APPLICATION**  
**CHECKLIST**

Your application must include:

- One 2” x 2” photo
- A copy of your passport
- A money order or check for \$136.00 payable to the Commonwealth of Massachusetts.  
**\*Application fees are non-refundable.\*** All money orders must be signed and dated.
- One of the following:
  1. **An affidavit from your school** notarized in the country where you went to school certifying the dates of your enrollment and your completion of the course of study, as well as the exact number of hours of training in each subject.
    - An affidavit from your school must specify the exact hours in each subject. For example, “300 hours in skin care” is too vague and will not be accepted, but “25 hours in waxing, 8 hours in skin diseases,” etc. is more specific and will be accepted.
    - Your school affidavit must be accompanied by official documentation from the country’s government showing that the school was authorized or licensed to operate and when it was authorized or licensed. The documentation must show that the school was authorized or licensed when you attended.
  2. **An affidavit from your employer** notarized in the country where you worked, certifying that you worked for at least two years as a cosmetologist, aesthetician, or manicurist. For self-employed applicants, a notarized affidavit from your landlord certifying that you operated a salon for at least two years is acceptable.

**All supporting documents must be originals and translated by an accredited agency.**

- A notarized Criminal Offender Record Information (CORI) Acknowledgment Form.

**Please note that the Board no longer issues temporary permits.**

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**



## Background Questions

1. Has any disciplinary action been taken against you by a licensing board in any jurisdiction?

Yes:           No:

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:           No:

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

Yes:           No:

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?

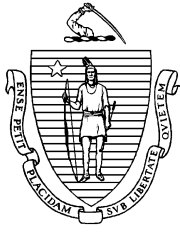
Yes:           No:

## **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



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**EMPLOYER'S AFFIDAVIT FOR OUT OF COUNTRY APPLICANTS**

Use this affidavit if you worked in another country for two years as a cosmetologist, aesthetician, or manicurist. This form must be completed and signed by the person you worked for, and must be notarized in the country that you worked in.

I hereby certify that I am a registered cosmetologist or shop owner in the country

of \_\_\_\_\_ and that \_\_\_\_\_ was in my  
*Country Applicant's Name*

employ as a \_\_\_\_\_ and worked \_\_\_\_\_ under  
*Hairdresser, Aesthetician or Manicurist Full/Part Time*

supervision from \_\_\_\_\_ to \_\_\_\_\_ in a beauty shop located at  
*month/day/year month/day/year*

\_\_\_\_\_  
*Street City Country Postal Code*

**ERASURES OR CHANGES IN DATES ARE NOT ACCEPTABLE**

NOTARY SEAL

Name: \_\_\_\_\_  
*Shop Owner's Name*

This affidavit must be notarized  
 in the Country where signed.

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Signature: \_\_\_\_\_

*Managing Cosmetologist*

Notary Public (Please Print) \_\_\_\_\_

Notary Public (Signature) \_\_\_\_\_



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**SELF-EMPLOYED AFFIDAVIT FOR OUT OF COUNTRY**  
**APPLICANTS**

Use this affidavit if you owned your own shop where you worked as a cosmetologist, aesthetician, or manicurist in another country for two years. This form must be completed and signed by the owner of the building where you operated your shop, and must be notarized in the country that you operated your shop in.

You must also submit documentation (e.g., tax records) that you owned and operated a shop.

I hereby certify that I am or was a property owner in the country of \_\_\_\_\_  
*Country*

and that I owned the property located at \_\_\_\_\_  
*Street, City, Postal Code*

and that \_\_\_\_\_ owned or operated a beauty salon at this location  
*Applicant's Name*

from \_\_\_\_\_ to \_\_\_\_\_  
*month/day/year month/day/year*

**ERASURES OR CHANGES IN DATES ARE NOT ACCEPTABLE**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

NOTARY SEAL

Name of Property Owner \_\_\_\_\_

Present Address: \_\_\_\_\_

This affidavit must be notarized  
 in the country where signed.

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

Signature of Owner: \_\_\_\_\_

Notary Public (Please Print) \_\_\_\_\_

Notary Public (Signature) \_\_\_\_\_