Instructions and Documentation Requirements

**COMPLETE CHECKLIST BELOW BEFORE YOU MAIL YOUR APPLICATION**

- Application is legible, complete, and signed
- Credit Card information provided, and correct fee amount selected (no cash or checks accepted)
- School certification to be completed by the school director
- Answer all background questions completely
- Fully complete the Criminal Offender Record Information (CORI) Acknowledgement
- Identity Verification section completed based on submission process (either Section A or Section B)

Please be aware that when your application arrives at PSI, it is reviewed as quickly as possible. We cannot wait for missing documentation. Your application will be RETURNED if it is missing documentation, which will create an unnecessary delay.

*It is in your best interest to make sure that your application is ready for approval on FIRST review.*

Your completed application can be emailed to: [MACOSprocessing@psionline.com](mailto:MACOSprocessing@psionline.com).

Faxed copies will not be accepted.
Commonwealth of Massachusetts
Board of Registration of Cosmetology and Barbering

Application for Examination

Complete and email this registration form with the applicable application fee to: MACOSprocessing@psionline.com

Please Print or Type. This is an official Document; you must enter your legal name and information.

This application should only be completed by candidates who have graduated from a Massachusetts school and have never been licensed in the field they are taking an exam for.

Candidates who completed their education or training outside of Massachusetts, candidates for Instructor licenses, and Lapsed candidates with licenses that have expired for over 3 years must all apply directly to the Board. Please visit this page for application instructions: https://www.mass.gov/cosmetology-and-barbering-license-application-and-renewal-information.

<table>
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<tr>
<th>Applying for</th>
<th>Check One</th>
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<tbody>
<tr>
<td>Cosmetologist</td>
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<tr>
<td>Aesthetician</td>
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<tr>
<td>Manicurist</td>
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<td>Electrology</td>
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<td>Barber</td>
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If you would like to change the language of a test from English, please email MACOSprocessing@psionline.com with the language that you prefer. Test language options are English, Vietnamese, Spanish, Portuguese and Simplified Chinese.

Social Security Number (required)*

Date of Birth

Gender □ Male □ Female □ prefer not to answer

Last Name

First Name

Middle Name

Generation

Maiden / Former / Also Known As

Building number

Street address

Po Box

City

State

Zip Code

Primary Phone Number ( )

Mobile Phone Number ( )

Email Address

Preferred Communication □ Postal Mail □ Email

*Pursuant to MGL. c 62C § 47A, the Division of Occupational 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.
**Background Questions:**

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

   Please list any Massachusetts license numbers here:

   ________________________________________________

   Please list any licenses in other states/jurisdictions here, including the name of the state/jurisdiction:

   ________________________________________________

2. Has any disciplinary action been taken against you by a licensing board in any jurisdiction*? Yes ☐ No ☐ If yes, please state the details (use a separate sheet if necessary):

   ________________________________________________

3. Are you the subject of pending disciplinary action by a licensing board in any jurisdiction*? Yes ☐ No ☐ If yes, please state the details (use a separate sheet if necessary):

4. Have you voluntarily surrendered a professional license to a licensing board in any jurisdiction*? Yes ☐ No ☐ If yes, please state the details (use a separate sheet if necessary):

   ________________________________________________

5. Have you ever applied for and been denied a professional license in any jurisdiction*? Yes ☐ No ☐ If yes, please state the details (use a separate sheet if necessary):

   ________________________________________________

6. Have you been convicted of a felony or misdemeanor in any jurisdiction*? Yes ☐ No ☐ If yes, please state the details (use a separate sheet if necessary):

   ________________________________________________

*Questions pertaining to jurisdiction refer to any state or country in which you have resided.*

Your signature below certifies, under penalty of perjury, the information provided above is truthful and accurate.

_________________________________________  ______________________________________
 (Signature)  (Date)
**Application Fees:**

Applicants must submit the application fee from the table below with the application to PSI (no cash or checks accepted). These fees do not include your exam or licensing fees. See Test Taker Guide for additional information.

**FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

- Cosmetologist Theory and Practical $68.00
- Aesthetician Theory and Practical $68.00
- Manicurist Theory and Practical $68.00
- Barber Theory and Practical $20.00
- Electrology Theory and Practical $97.00

Acceptable forms of payment for the application fee include credit or debit card only.

- [ ] MasterCard
- [ ] Visa
- [ ] Discover
- [ ] American Express

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Billing Address

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<th>Billing State</th>
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School Certification (must be completed by the school Director):

I hereby certify that the named applicant has completed the required Cosmetology course of study as documented below:

Begin Date: ________________  Completion Date: ________________  # of Hours: ________________

School Name: ________________________________________________________________

School Address: ______________________________________________________________

I, _____________________________________, as Director of ________________________________ School,

Director’s Printed Name

School Name
certify (under penalty of perjury) that ____________________________________________ has completed the

Test Taker’s Name
course of study for___________________________.

Cosmetologist - Aesthetician - Manicurist - Barber - Electrology

School Stamp Here

Director’s Signature ___________________________ Date ____________________

NOTE: Test Takers who have been approved for a Practical Test Only must contact PSI Services, LLC, prior to scheduling their exam - additional information may be required.
CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, “Division of Occupational Licensure”] is registered under the provisions of M.G.L. c. 13, § 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 Occupational 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 Occupational Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Occupational Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of this Form 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: DOL CANNOT ACCEPT THIS CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD’S OFFICES IN THE PRESENCE OF A DOL 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: (A red 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

*Social Security Number: _______ - _______ - _______

Sex: _______                                    Height: ____ ft. ____ in.                          Eye Color: _______

*Driver’s License or ID Number: _______________________________  *State of Issue: _______

Current and Former Addresses:

*Street Number & Name                                      City/Town                                      State   Zip

Street Number & Name                                      City/Town                                      State   Zip
Test Taker Affidavit:

By signing this application, 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 my right to sit as a test taker 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. 49A, to the best of my knowledge and belief, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law.

________________________________________                          ____________
Signature (must sign in front of DOL Employee or Notary Public)  Date

IDENTITY VERIFICATION SECTION: Section A must be completed if this form is submitted through the DOL Office. Otherwise, Section B must be completed with a Notary Public.

Section A -- VERIFICATION BY DOL EMPLOYEE:

I hereby certify that I verified the identity of ________________________________ (name of document signer),

By reviewing the following form(s) of government-issued identification:

  □ Passport  □ State-issued driver’s license  □ Military identification  □ State-issued identification card

________________________________________
Name of verifying DPL Employee (Please Print)

________________________________________
Signature of verifying DPL Employee                          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:

  □ 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(s) and acknowledged to me that (he/she) signed it voluntarily for its stated purpose.

________________________________________                          ____________________________
Notary Public:  Notary Commission Expires On