

# 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](http://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 and/or Board stamp, your signature, a complete Criminal Offender Record Information Acknowledgement (section 14), 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 (refer to Massachusetts Cosmetology & Barber Candidate Handbook for a list of supplies).

**NOTE:** Your state's license fee is not 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 who were previously licensed, had disciplinary action on a professional license, and/or have a 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](http://www.pearsonvue.com)) under the heading "State-Regulated".

*See Examination/Licensing Fees and Specific Requirements for Examinations on page 6.*

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**

- Barber                                       Lapsed Barber                                       Barber Instructor

1. Name \_\_\_\_\_  
LAST                                      FIRST                                      MI                                      MAIDEN NAME

2. Address \_\_\_\_\_  
NUMBER                      STREET  
CITY OR TOWN                                      STATE                                      ZIP CODE

3. Telephone \_\_\_\_\_  
DAY                                      CELL

Email Address \_\_\_\_\_

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.

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) \_\_\_\_\_

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

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

**12. SCHOOL CERTIFICATION (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



Director's Signature \_\_\_\_\_

Date \_\_\_\_\_

**13. BOARD APPROVAL**

This candidate is approved by the Board to take the following examinations:

- Barber  Written and Practical  Written Only  Practical Only
- Lapsed Barber  Practical Only
- Barber Instructor  Written Only



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

Signature/Approval of Board Agent \_\_\_\_\_

Date \_\_\_\_\_

Signature/Approval of Board Agent for BACKGROUND QUESTIONS \_\_\_\_\_

Date \_\_\_\_\_

**14. REQUIRED BY ALL APPLICANTS 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 \_\_\_\_\_

**15. CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT (required)**

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:**

I understand that the Division of Professional Licensure may conduct a subsequent CORI check 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: 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 \_\_\_\_\_

\*SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ 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 \_\_\_\_\_

IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.

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:<sup>1</sup>

- 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

\_\_\_\_\_  
DATE

SECTION B: IDENTITY VERIFICATION SECTION:

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:<sup>1</sup>

- 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

<sup>1</sup>If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).

## EXAMINATION/LICENSING FEE INFORMATION AND SPECIFIC REQUIREMENTS

### BARBER: PRACTICAL AND WRITTEN EXAMS

Exam Series Code: MA-20-AppBarber

To obtain a **Barber** 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.

	First Time Examination Fee*	Retake License Fee	License Fee
Barber Candidates	\$145	\$115	\$20
Lapsed Barber	\$115	\$115	\$20
Barber Instructor	\$145	\$115	Included in the application fee**

\* Please note that the examination fee is \$145. You **MUST** pay the fee of \$145 at the time of reservation via credit card, electronic check, or voucher.

\*\* Note: The Instructor license fee is currently paid to the Board at the time of application. This may change in the future.

Note: **ONLY** the theory exams are available in foreign languages. Practical exams are **NOT** available in foreign languages.

### WRITTEN PORTION – ENGLISH AND SPANISH LANGUAGES AVAILABLE

You may request the written portion of the exam in English or Spanish. You must, however, make this request when you schedule your examination appointment. If you schedule for Spanish, you will have the option to toggle back and forth between English and Spanish on each question.

This application form is only for barbers who graduated from a Massachusetts barber school and have never been licensed. This application is not for barbers who trained or studied in another country, who are or were licensed in another state, or whose Massachusetts license has lapsed (been expired for three years or more). Such candidates must apply directly to the Board and be approved before scheduling any exams. Application forms for such candidates are available at <http://www.mass.gov/orgs/board-of-registration-of-cosmetology-and-barbering> or you may apply online at <https://elicensing.mass.gov/citizenaccess/Default.aspx>.