

# Commonwealth of Massachusetts Board of Registration of Cosmetology and Barbering



## EDUCATION COMPLETION/LICENSING APPLICATION FORM COSMETOLOGY LICENSE

### TO MAKE A RESERVATION

You **MUST** complete the Massachusetts Application for Cosmetology License (form #2002-05). Please read the application carefully and completely before visiting the PearsonVUE website at [www.pearsonvue.com/ma/cos](http://www.pearsonvue.com/ma/cos) or calling PearsonVUE at **(800) 274-2021** to make an examination reservation. **Before you call to make your reservation, be sure to have the following:**

- The exam you wish to take (see next page)
- School code: four-digit code from section 12 of this application (example 1111MA)
- Board code: four-digit code from section 13 of this application, if needed
- Test center location (see next page)

Please note that if you answer "yes" to any of questions 6-11 on the application, you must receive a stamp and signature from the Board in section 13 before making your examination reservation through PearsonVUE. You **MUST** first mail your application to:

**The 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.

This application form is only for applicants who graduated from a Massachusetts school and have never been licensed in the field for which you are testing. This application is not for candidates 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 these 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>.

### WHAT TO BRING

To take the examination, you **MUST** bring 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, if needed, your signature, a complete Criminal Offender Record Information Acknowledgement (section 15), 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 practical examination (refer to Massachusetts Cosmetology & Barbering Candidate Handbook for a list of supplies).

**NOTE:** 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.

### ABOUT TEST CENTERS

It is your responsibility to make a reservation for the correct examination at an approved test center. A list of approved test centers appears on the back cover of the Massachusetts Cosmetology Candidate Handbook, which can be viewed for free at PearsonVUE's Web site ([www.pearsonvue.com](http://www.pearsonvue.com)).

#### **WRITTEN PORTION – ENGLISH, SPANISH, VIETNAMESE, & CHINESE SIMPLIFIED LANGUAGES AVAILABLE**

You may request the written portion of the Cosmetologist, Aesthetician, or Manicurist exam in English, Spanish, Vietnamese, or Chinese Simplified. You must, however, make this request when you schedule your examination appointment.

ID #: \_\_\_\_\_

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**OFFICIAL USE ONLY**



License #: \_\_\_\_\_

Full Name: \_\_\_\_\_

Examination Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**OFFICIAL USE ONLY**

**Commonwealth of Massachusetts**  
**BOARD OF REGISTRATION OF COSMETOLOGY AND BARBERING**  
**Application for Cosmetology License**

*Please note that this application MUST be completed in pen.*

This application contains a School Certification section, which must be stamped and signed by the director of the school, and also a Board Certification section, which must be signed by a Board Agent (if applicable). Please read page 4 & 5 in the candidate handbook for information regarding who needs Board approval.

You must complete this form before you make an examination reservation. You will **NOT** be admitted to the examination if you do not bring this form, or if it has not been completed properly.

**LICENSURE LEVEL**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cosmetologist            | <input type="checkbox"/> Aesthetician            | <input type="checkbox"/> Manicurist            |
| <input type="checkbox"/> Cosmetologist Instructor | <input type="checkbox"/> Aesthetician Instructor | <input type="checkbox"/> Manicurist Instructor |

**CANDIDATE INFORMATION**

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

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. 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.
7. 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) \_\_\_\_\_
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) \_\_\_\_\_

Please note that if you answer "yes" to any one of questions 6 through 11, you must receive a stamp and signature from the Board in section 13 before making your examination reservation through Pearson VUE. You MUST instead mail your application directly to the Board of Cosmetology and Barbering at the address on the first page of this application. You will then receive further information from the Board within 2-3 weeks of receipt of your application.

\* 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 named applicant has completed the required cosmetology course of study as documented below:

Begin date \_\_\_\_\_ Completion Date \_\_\_\_\_ Number of Hours \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_

CITY/STATE

ZIP CODE

I, \_\_\_\_\_, as Director of \_\_\_\_\_ School, certify  
DIRECTOR'S NAME SCHOOL NAME

(under the pains and penalties of perjury) that \_\_\_\_\_ has completed the course  
CANDIDATE'S NAME

of study on \_\_\_\_\_  
COSMETOLOGIST, AESTHETICIAN, MANICURIST



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

Date \_\_\_\_\_

**13. BOARD CERTIFICATION (needed if the candidate answers "yes" to any one of questions 6-11)**

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

- |                          |  |  |  |
|--------------------------|--|--|--|
| Cosmetologist            | <input type="checkbox"/> Written and Practical | <input type="checkbox"/> Practical Test Only | <input type="checkbox"/> Written Test Only |
| Aesthetician             | <input type="checkbox"/> Written and Practical | <input type="checkbox"/> Practical Test Only | <input type="checkbox"/> Written Test Only |
| Manicurist               | <input type="checkbox"/> Written and Practical | <input type="checkbox"/> Practical Test Only | <input type="checkbox"/> Written Test Only |
| Cosmetologist Instructor | <input type="checkbox"/> Written Test Only     |  |  |
| Aesthetician Instructor  | <input type="checkbox"/> Written Test Only     |  |  |
| Manicurist Instructor    | <input type="checkbox"/> Written Test Only     |  |  |



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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

**ATTENTION:** Candidates who are approved by the Board for a PRACTICAL TEST ONLY must contact the Pearson VUE waiver team to have a CLIENT EXAM WAIVER applied for the written section PRIOR to making a reservation. Instructions can be found at: <https://home.pearsonvue.com/ma/cos/waivers>

**14. CANDIDATE 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 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 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.**

**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).

## QUICK REFERENCE

Visit [www.pearsonvue.com/ma/cos](http://www.pearsonvue.com/ma/cos) or call (800) 274-2021 to make a reservation.

### PEARSON VUE TEST CENTERS

CODE	LOCATION	SCHEDULE	EXAMS
51921	Malden	Monday – Wednesday, Saturday	Cosmetologist, Aesthetician, Instructors, Barbers
80523	Malden	Thursdays & Fridays	Manicurists and Aestheticians
52786	West Springfield	Saturdays only	All Exams
52681	Framingham	Every other Saturday	All Exams

*Locations and schedules are subject to change.*

### EXAM LICENSURE LEVELS, CODES, AND FEES

LICENSURE EXAMS*	EXAM SERIES CODE	FIRST-TIME EXAM FEE	RETAKE FEE	LICENSING FEE
Cosmetologist** (English, Spanish, Vietnamese, or Chinese)	<b>Written: MA-Oer-WR</b>	\$150.00	\$120.00	\$68.00
	<b>Practical: MA-Oper-PR</b>			
Aesthetician** (English, Spanish, Vietnamese, or Chinese)	<b>Written: MA-Esti-WR</b>	\$150.00	\$120.00	\$68.00
	<b>Practical: MA-Esti-PR</b>			
Manicurist** (English, Spanish, Vietnamese, or Chinese)	<b>Written: MA-Mani-WR</b>	\$150.00	\$120.00	\$68.00
	<b>Practical: MA-Mani-PR</b>			
Cosmetology Instructor	<b>MA-20-InstCos</b>	\$150.00	\$120.00	\$68.00
Aesthetician Instructor	<b>MA-20-InstEsti</b>	\$150.00	\$120.00	\$68.00
Manicuring Instructor	<b>MA-20-InstMani</b>	\$150.00	\$120.00	TBD

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

After passing the required exam(s), candidates pay the license fee via a web application. Acceptable forms of payment for the licensing fee include credit or debit card.

### FEES ARE NONREFUNDABLE AND NONTRANSFERABLE