

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](http://www.mass.gov/dpl/boards)  
617-727-9940

## **Cosmetology Type 1 Upgrade Application-Fee \$82.00**

### **COSMETOLOGY TYPE 1 UPGRADE APPLICATION**

#### **INSTRUCTION SHEET**

Aestheticians should not complete this application. You must request the Type 6 application to upgrade an aesthetic license.

#### **A COMPLETED APPLICATION MUST INCLUDE:**

- A small 2" x 2"
- Money order or check for \$82.00 made payable to: Commonwealth of Massachusetts.  
\***Application fees are non-refundable.\* All money orders must be **signed** and dated.**
- A copy of your current operator's license. Your license **must be active**, an expired status will deem you ineligible to upgrade. If you need to renew your operator's license you must mail your original renewal with a **separate** money order.
- A copy of your driver's license or photo ID
- A notarized (signed by a notary public with seal) affidavit certifying:
  - a) the date you started and stopped working for each employer as an operator
  - b) whether the work was full or part-time (full-time entails 5, 8 hour days per week; part-time entails a minimum of 24 hours per week/40 weeks per year). You may make copies of the blank affidavit if necessary.
  - c) **two full years** (24 months) of practical work experience -- **the Board will not consider any work experience:**
    - **Obtained prior to becoming licensed in the field of cosmetology**
    - **If you have been working anywhere but a salon licensed by the Massachusetts Cosmetology Board**
    - **Obtained in another state**

*Normal application processing time for complete applications is between 3-4 weeks.*

**Please use this check list to ensure your application is complete. Please do not submit your application until it is complete. Incomplete applications will only be held for a maximum of 30 days. After 30 days, the application will be considered abandoned. If you still require the license, you will be required to reapply**

**A COMPLETED APPLICATION MUST INCLUDE:**

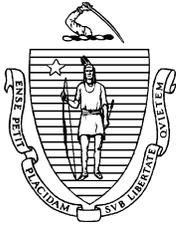
- \_\_\_\_\_ A notarized (signed by a notary public with seal) work affidavit certifying:
- a) the date you started and stopped working for each employer as an operator
  - b) whether the work was full or part-time (full-time entails 5, 8 hour days per week; part-time entails a minimum of 24 hours per week/40 weeks per year). You may make copies of the blank affidavit if necessary.
  - c) **two full years** (24 months) of practical work experience –
  - d) Signature of Manager
- \_\_\_\_\_ A small 2” x 2” photo
- \_\_\_\_\_ Money order or check for \$82.00 made payable to: Commonwealth of Massachusetts.  
**\*Application fees are non-refundable.\* All money orders must be **signed** and dated.**
- \_\_\_\_\_ A copy of your current operator’s license. Your license **must be active**, an expired status will deem you ineligible to upgrade. If you need to renew your operator’s license you must mail your original renewal with a **separate** money order.
- \_\_\_\_\_ A copy of your driver’s license or photo ID



10. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. \_\_\_\_\_
11. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction?  **Yes:**  **No** If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
12. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction?  **Yes:**  **No** If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
13. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction?  **Yes:**  **No** If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
14. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction?  **Yes:**  **No** If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
15. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed?  **Yes:**  **No** If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
16. Present Employer \_\_\_\_\_
17. Cosmetology School Attended \_\_\_\_\_  
Name & Address of School
- Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_
18. 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 in Cosmetology 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, s. 49A., 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



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**Affidavit must be completed by Type 1 manager of salon and add up to 2 full years (24 months) of practical work experience**

**EMPLOYER'S AFFIDAVIT**

I hereby certify that I am a registered cosmetologist \_\_\_\_\_  
*manager's name*

\_\_\_\_\_ in good standing in the Commonwealth of Massachusetts and that  
*Mangers license number*

\_\_\_\_\_ was employed by me as an operator (**full or part**) time  
*applicant's name*

under my supervision from \_\_\_\_\_ to \_\_\_\_\_.  
*month/day/year month/day/year*

**CIRCLE TYPE OF SALON EMPLOYED AT:**

FULL SERVICE SALON - TYPE 1      AESTHETIC SALON- TYPE 5

Signed:      **Name of Salon Owner/Manager** \_\_\_\_\_

*Signature of Manager* \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Telephone # \_\_\_\_\_

Salon Name \_\_\_\_\_ Salon License # \_\_\_\_\_

**THIS FORM WILL NOT BE ACCEPTED WITH ERASURES OR DATE CHANGES**

Signed under penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

**THIS SECTION TO BE COMPLETED BY APPLICANT**

I \_\_\_\_\_ hereby certify that I am a registered operator in good standing in the Commonwealth of Massachusetts and that my license number is \_\_\_\_\_ and the expiration date is \_\_\_\_\_. *month/day/year*

Signature of applicant \_\_\_\_\_

Name of Notary Public \_\_\_\_\_

Date Commission expires \_\_\_\_\_

Seal

# 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 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.

