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
617-727-9940

Renewal Request-Worksheet

Please be advised that this is not a renewal form. This worksheet will enable the Board to generate a new renewal application for your license.

Information as it appears on current license record

Last Name (**mandatory**):_____

First Name (**mandatory**):_____

Middle Initial:_____

Maiden Name:_____

Type of License ❑ cosmetologist ❑ aesthetician ❑ manicurist
❑ instructor ❑ demonstrator ❑ salon

MA License Number:_____ Expiration Date:_____

Last 4 of Social Security # (**mandatory**) _____ Date of Birth:_____

Phone Number (**mandatory**):_____

Address line 1:_____

Address line 2:_____

City:_____ State:_____ Zip Code:_____

Address Change ❑ ***Yes*** ❑ ***No***

Name Change ❑ ***Yes*** ❑ ***No***

Has license been expired for more than 3 years? ❑ Yes ❑ No