



Commonwealth of  
Massachusetts

## BOARD OF REGISTRATION OF COSMETOLOGY

### EDUCATION COMPLETION/ LICENSING APPLICATION FORM

#### TO MAKE A RESERVATION

You **MUST** complete the Massachusetts Application for Cosmetology License (form #2002-05). Please read the application carefully and completely before calling Pearson VUE 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) OR
- Board code: four-digit code from section 13 of this application
- Test center location (see next page)

*Please note that if you answer “yes” to questions 7-11 on the application, you CANNOT make an examination reservation through Pearson VUE. You MUST first mail your application to:*

The Board of Cosmetology  
Attn: Office Manager  
1000 Washington Street  
Suite 710  
Boston, MA 02118-6100

*You will receive further information from the Board of Cosmetology within 2-3 weeks of receipt of your application.*

#### 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 or Board stamp, your signature, and all other required documents;
- Two forms of signature identification, one of which **MUST** be photo-bearing;
- The license fee required for your examination/licensure level. Acceptable forms of payment include money orders, certified checks, or cashier's checks made payable to “Pearson VUE”. (See Fee Information on the next page.) ***Your license application fee will NOT be collected until you pass both parts of the examination;***
- Failing Score Report (for retakers only); and
- Supplies required for your examination/licensure level (refer to Massachusetts Cosmetology Candidate Handbook for a list of supplies).

#### 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 Pearson VUE's Web site ([www.pearsonvue.com](http://www.pearsonvue.com)).

#### WRITTEN PORTION – ENGLISH, SPANISH, AND VIETNAMESE LANGUAGES AVAILABLE

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

## QUICK REFERENCE

**Call (800) 274-2021 to make a reservation.**

### PEARSON VUE TEST CENTERS

CODE	LOCATION	SCHEDULE
0274	Malden	Monday–Thursday, Saturday
0275	West Springfield	1st and 3rd Saturdays of the month
0277	Framingham	Every Saturday

*Locations and schedules are subject to change.*

### EXAM LICENSURE LEVELS, CODES, AND FEES

EXAM LICENSURE LEVELS	EXAM CODE	FIRST-TIME EXAM FEE	RETAKE FEE	LICENSING FEE
Operator – English	<b>A</b>	\$120.00	\$95.00	\$68.00
Operator – Spanish	<b>OS</b>	\$120.00	\$95.00	\$68.00
Operator – Vietnamese	<b>OV</b>	\$120.00	\$95.00	\$68.00
Aesthetician – English	<b>B</b>	\$120.00	\$95.00	\$68.00
Aesthetician – Spanish	<b>ES</b>	\$120.00	\$95.00	\$68.00
Aesthetician – Vietnamese	<b>EV</b>	\$120.00	\$95.00	\$68.00
Manicurist – English	<b>C</b>	\$120.00	\$95.00	\$68.00
Manicurist – Spanish	<b>MS</b>	\$120.00	\$95.00	\$68.00
Manicurist – Vietnamese	<b>MV</b>	\$120.00	\$95.00	\$68.00
Cosmetology Instructor	<b>D</b>	\$120.00	\$95.00	\$68.00
Aesthetician Instructor	<b>E</b>	\$120.00	\$95.00	\$68.00

You must be prepared to pay for your license on the day of your examination. *If you do not bring your license fees, you will not be allowed to take the examination.*

Acceptable forms of payment for the **licensing fee** include money orders, certified checks, or cashier's checks, made payable to "Pearson VUE". **Personal checks or cash will NOT be accepted at the test center.**

**FEES ARE NONREFUNDABLE AND NONTRANSFERABLE.**

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

OFFICIAL USE ONLY



Lic#: \_\_\_\_\_

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

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

OFFICIAL USE ONLY

Commonwealth of Massachusetts

**BOARD OF REGISTRATION OF COSMETOLOGY**

**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 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.

Please note that the Board of Cosmetology **MUST** review and approve all applications for candidates with disciplinary action on a professional license and/or criminal history background.

**LICENSURE LEVEL**

- Operator     Aesthetician     Manicurist     Registered Instructor     Aesthetician Instructor

**EXAMINATION LEVEL**

- |                                |  |  |  |
|--------------------------------|--|--|--|
| <b>Operator</b>                | <input type="checkbox"/> Practical & Written | <input type="checkbox"/> Practical examination | <input type="checkbox"/> Written examination |
| <b>Aesthetician</b>            | <input type="checkbox"/> Practical & Written | <input type="checkbox"/> Practical examination | <input type="checkbox"/> Written examination |
| <b>Manicurist</b>              | <input type="checkbox"/> Practical & Written | <input type="checkbox"/> Practical examination | <input type="checkbox"/> Written examination |
| <b>Cosmetology Instructor</b>  | <input type="checkbox"/> Practical & Written | <input type="checkbox"/> Practical examination | <input type="checkbox"/> Written examination |
| <b>Aesthetician Instructor</b> | <input type="checkbox"/> Practical & Written | <input type="checkbox"/> Practical examination | <input type="checkbox"/> Written examination |
| <b>Out of Country</b>          | <input type="checkbox"/> Practical & Written | <input type="checkbox"/> Practical examination | <input type="checkbox"/> Written examination |

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

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

3. Telephone \_\_\_\_\_  
DAY/WORK EVENING/HOME

4. Date of Birth   /   /

5. Social Security Number (Mandatory):    -   -

Pursuant to G.L.c. 62C, s.47A, the Division of Registration 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. 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. \_\_\_\_\_

7. 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, please state details. (Use separate sheet if necessary) \_\_\_\_\_

8. 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, please state details. (Use separate sheet if necessary) \_\_\_\_\_

9. Have you ever voluntarily surrendered or resigned a professional license to a license/certification board in the United States or any country or foreign 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 the United States or any country or foreign jurisdiction?  YES  NO  
If YES, please state details. (Use separate sheet if necessary) \_\_\_\_\_
11. Have you 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, please state details. (Use separate sheet if necessary) \_\_\_\_\_

Please note that if you answer "yes" to any one of questions 7 through 11, you CANNOT make your examination reservation through Pearson VUE. You MUST instead mail your application directly to the Board of Cosmetology, 239 Causeway Street, 5th Floor, Boston, MA 02114, Attn: Office Manager. You will then receive further information from the Board within 2-3 weeks of receipt of your application.

**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 \_\_\_\_\_

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

Address \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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 \_\_\_\_\_  
OPERATOR, AESTHETICIAN, MANICURIST



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

**13. BOARD CERTIFICATION (to be completed by the Board of Cosmetology)**

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

- |                         |   |              |                                       |
|-------------------------|---|--------------|---------------------------------------|
| Operator                | <input type="checkbox"/> Practical Test | Score: _____ | <input type="checkbox"/> Written Test |
| Aesthetician            | <input type="checkbox"/> Practical Test | Score: _____ | <input type="checkbox"/> Written Test |
| Manicurist              | <input type="checkbox"/> Practical Test | Score: _____ | <input type="checkbox"/> Written Test |
| Cosmetology Instructor  | <input type="checkbox"/> Practical Test | Score: _____ | <input type="checkbox"/> Written Test |
| Aesthetician Instructor | <input type="checkbox"/> Practical Test | Score: _____ | <input type="checkbox"/> Written Test |
| Out of Country          | <input type="checkbox"/> Practical Test | Score: _____ | <input type="checkbox"/> Written Test |



\_\_\_\_\_  
Signature of Board Agent Date

**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 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 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 \_\_\_\_\_