



PSI Services LLC
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Commonwealth of Massachusetts Board of Registration of Cosmetology and Barbering

1000 Washington Street Suite 710 • Boston, Massachusetts 02118-6100
www.mass.gov/cosmetology
617-701-8792
cosmetologyandbarberingboard@mass.gov

Instructions and Documentation Requirements

COMPLETE CHECKLIST BELOW BEFORE YOU MAIL YOUR APPLICATION

- Application is legible, complete, and signed
- Credit Card information provided, and correct fee amount selected (**no cash or checks accepted**)
- School certification to be completed by the school director
- Answer all background questions completely
- Fully complete the Criminal Offender Record Information (CORI) Acknowledgement
- Identity Verification section completed based on submission process (either Section A or Section B)

Please be aware that when your application arrives at PSI, it is reviewed as quickly as possible. We cannot wait for missing documentation. Your application will be RETURNED if it is missing documentation, which will create an unnecessary delay.

It is in your best interest to make sure that your application is ready for approval on FIRST review.

Your completed application can be emailed to: MACOSprocessing@psionline.com.

Faxed copies will not be accepted.



Commonwealth of Massachusetts

Board of Registration of Cosmetology and Barbering

Application for Examination

Completed by Vendor/Board

Ex. Date _____

Ex. Result _____

Cert. Date _____

Cert. No. _____

Complete and email this registration form with the applicable application fee to:

MACOSprocessing@psionline.com

Please Print or Type. This is an official Document; you must enter your legal name and information.

Applying for	Check One
Cosmetologist	<input type="checkbox"/>
Aesthetician	<input type="checkbox"/>
Manicurist	<input type="checkbox"/>
Electrology	<input type="checkbox"/>
Barber	<input type="checkbox"/>

Social Security Number (required)*		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> prefer not to answer	
Last Name		First Name		Middle Name	Generation
Maiden / Former / Also Known As					
Building number	Street address			Po Box	
City			State		Zip Code
Primary Phone Number ()	Mobile Phone Number ()		Email Address		Preferred Communication <input type="checkbox"/> Postal Mail <input type="checkbox"/> Email

***Pursuant to MGL. c 62C § 47A, the Division of Occupational 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.**

Background Questions:

1. Do you hold or have you held a professional license in any jurisdiction*? Yes No

Please list any Massachusetts license numbers here:

Please list any licenses in other states/jurisdictions here, including the name of the state/jurisdiction:

2. Has any disciplinary action been taken against you by a licensing board in any jurisdiction*? Yes No
If yes, please state the details (use a separate sheet if necessary):

3. Are you the subject of pending disciplinary action by a licensing board in any jurisdiction*? Yes No
If yes, please state the details (use a separate sheet if necessary):

4. Have you voluntarily surrendered a professional license to a licensing board in any jurisdiction*? Yes No
If yes, please state the details (use a separate sheet if necessary):

5. Have you ever applied for and been denied a professional license in any jurisdiction*? Yes No
If yes, please state the details (use a separate sheet if necessary):

6. Have you been convicted of a felony or misdemeanor in any jurisdiction*? Yes No
If yes, please state the details (use a separate sheet if necessary):

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

Your signature below certifies, under penalty of perjury, the information provided above is truthful and accurate.

(Signature)

(Date)

Application Fees:

Applicants must submit the application fee from the table below with the application to PSI (no cash or checks accepted). These fees do not include your exam or licensing fees. See Test Taker Guide for additional information.

FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

- | | |
|---|---------|
| <input type="checkbox"/> Cosmetologist Theory and Practical | \$68.00 |
| <input type="checkbox"/> Aesthetician Theory and Practical | \$68.00 |
| <input type="checkbox"/> Manicurist Theory and Practical | \$68.00 |
| <input type="checkbox"/> Barber Theory and Practical | \$20.00 |
| <input type="checkbox"/> Electrology Theory and Practical | \$97.00 |

Acceptable forms of payment for the application fee include credit or debit card only.

MasterCard Visa Discover American Express

Credit Card No:		Cardholder Name:
Exp. Date:	Verification No.:	Signature:
Billing Address		
Billing City	Billing State	Billing Zip Code

School Certification (must be completed by the School Director):

I hereby certify that the named applicant has completed the required Cosmetology course of study as documented below:

Begin Date: _____ Completion Date: _____ # of Hours: _____

School Name: _____

School Address: _____

I, _____, as Director of _____ School,
Director's Printed Name School Name

certify (under penalty of perjury) that _____ has completed the
Test Taker's Name

course of study for _____
Cosmetologist - Aesthetician - Manicurist - Barber - Electrology

School
Stamp
Here

Director's Signature

Date

NOTE: Test Takers who have been approved for a Practical Test Only must contact PSI Services, LLC, prior to scheduling their exam - additional information may be required.

Test Taker Affidavit:

By signing this application, 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 my right to sit as a test taker 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. 49A, to the best of my knowledge and belief, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law.

Signature (must sign in front of DOL Employee or Notary Public)

Date

IDENTITY VERIFICATION SECTION: Section A must be completed if this form is submitted through the DOL Office. Otherwise, Section B must be completed with a Notary Public.

Section A -- VERIFICATION BY DOL EMPLOYEE:

I hereby certify that I verified the identity of _____ (name of document signer),

By reviewing the following form(s) of government-issued identification:

- Passport State-issued driver's license Military identification State-issued identification card

Name of verifying DPL Employee (Please Print)

Signature of verifying DPL Employee

Date

Section B -- VERIFICATION BY NOTARY:

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:

- 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(s) and acknowledged to me that (he/she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On