Attach two clear, full-face passport-style photographs (2″x 2″) of your head and shoulders, taken within the past six months.

Two photos are required with each application.

Staple one photo here and one in the square to the right.

Photo #1

New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey State Board of Cosmetology and Hairstyling
124 Halsey Street, 6th Floor, P.O. Box 45003
Newark, New Jersey 07101
(973) 504-6400

Photo #2

Application for Authorization to Sit for the Examination and for Licensure

Check all that apply:

- ☐ **Cosmetologist-Hairstylist**
- ☐ **Skin Care Specialist**
- ☐ **Manicurist**
- ☐ **Barber**
- ☐ **Teacher**
- ☐ **Beautician**

Date : _____

A nonrefundable application filing fee of $50.00 plus a licensing fee of $60 during the first year of a licensing cycle, or $30 during the second year of a licensing cycle, in the form of a check or money order payable to the State of New Jersey, must be submitted with this application (applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the examination/licensure process will be delayed until the fee is paid).

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State Country

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

_____ _____
Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

_____
Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

If you were issued a Social Security Number or an Individual Taxpayer Identification Number, you must provide it to the Board or Committee. Failure to do so may result in denial of licensure/certification/reinstatement/reactivation.

* Social Security Number: _____ - _____ - _____

* Individual Taxpayer Identification Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain this information. Pursuant to these authorities, the Board or Committee is also obligated to provide this information to:

(For healthcare-related boards, the following a, b and c entries apply. For boards not related to healthcare, only the a and b entries apply.)

a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;

b. the Probation Division or any other agency responsible for child-support enforcement, upon request; and

c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are an American citizen, please enclose a copy of your birth certificate or U.S. passport. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support **(You must answer a, b, c and d.)**

Please certify, under penalty of perjury, the following:

a. Do you currently have a child-support obligation? ☐ Yes ☐ No

(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No

(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No

b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No

c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No

d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a through d may result in denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

_____	_____	_____
Applicant's name (please print)	Applicant's signature	Date

7. Have you ever changed your name? ☐ Yes ☐ No
   If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

   If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Have you previously applied for a cosmetology/hairstyling, beauty culture, barbering, skin care specialty or manicuring license in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

    If "Yes,"when and where? _____

11. Do you currently hold, or have you ever held, a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

    If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license was issued under a different name, please provide that name.

    _____
    Last name First name Middle initial

Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

12. Have you ever held a temporary license or limited permit in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

    If "Yes," list the date of issuance and expiration and the jurisdiction where the temporary license or limited permit was granted.

    Date of issuance_____ Expiration date _____ Jurisdiction_____

13. Have you ever been cited for disciplinary reasons or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Have you ever had a professional or occupational license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Have you ever been named as a defendant in any litigation related to the practice of cosmetology/hairstyling, beauty culture, barbering, manicuring or skin care specialty or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a professional or occupational board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

18. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

19. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional or occupational group related to the practice of cosmetology/hairstyling, beauty culture, barbering, manicuring or skin care specialty or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 13 through 19, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

1. What is the name and address of the high school you attended?_____
Name of high school

_____
Street address City State ZIP code

2. How many years of high school have you completed? _____

3. Have you graduated from high school? ☐ Yes ☐ No

   If "Yes," what was or will be the date of your graduation? _____
   Month Year

   Please provide a copy of your high school diploma or certified high school transcript with this application.

   If "No," did you study to receive a G.E.D. certificate? ☐ Yes ☐ No

   If "Yes," please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued. ***Please provide a copy of your G.E.D. certificate with this application.***

_____
Name of educational institution

_____
Street address City State ZIP code

_____
Date certificate was issued

4. Have you attended a school of cosmetology and hairstyling, manicuring, barbering, skin care specialty, beauty culture or other vocational school? ☐ Yes ☐ No

   If "Yes," provide the name and address of the school, the dates you attended, the number of hours you've completed and indicate whether you have graduated. (Attach additional sheets of paper to this application.)

_____
Name of school

_____
Street address City State ZIP code

Dates attended: From _____ To _____

Did you graduate? ☐ Yes ☐ No No. hours completed _____

5. Provide the name and address of the school where you completed the required hours of training required for licensure.

   - To obtain a cosmetology and hairstyling license, you ***must*** complete a 1,200-hour cosmetology and hairstyling course.
   - To obtain a beauty culture license, you ***must*** complete a 1,100-hour beauty culture course.
   - To obtain a barbering license, you ***must*** complete a 900-hour barbering course.
   - To obtain a skin care specialty license, you ***must*** complete a 600-hour skin care specialty course.
   - To obtain a manicuring license, you ***must*** complete a 300-hour manicuring course.

_____
Name of school

_____
Street address City State ZIP code

Experience

Applicants need only list the work experience they've acquired in the fields of cosmetology/hairstyling, beauty culture, barbering, manicuring or skin care specialty.

Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____ ***(include area code)*** Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary):

Employed from _____ to _____
Month Year Month Year

Immediate supervisor's name: _____

Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____ ***(include area code)*** Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary):

Employed from _____ to _____
Month Year Month Year

Immediate supervisor's name: _____

Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____ ***(include area code)*** Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary):

Employed from _____ to _____
Month Year Month Year

Immediate supervisor's name: _____

Affidavit

This affidavit is to be executed by the applicant before a notary public:

State of:_____

County of:_____ } ss.

I, _____ , in making this application to the New Jersey State Board of Cosmetology and Hairstyling for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey State Board of Cosmetology and Hairstyling, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:5B-1 et seq., together with the Rules and Regulations of the New Jersey State Board of Cosmetology and Hairstyling, N.J.A.C. 13:28-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

_____
Signature of applicant

Sworn and subscribed to before me this_____

day of _____ , 20 ____
Month

Affix seal here

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey State Board of Cosmetology and Hairstyling
124 Halsey Street, 6th Floor, P.O. Box 45003
Newark, New Jersey 07101
(973) 504-6400

Certificate of Experience from your Present or Former Employer

I hereby certify that _____ has been employed as
First name Middle initial Last name

_____ in the _____
Fill-in classification Name of shop

shop, located at _____
Street address City State ZIP code

for the period from _____ to _____ covering _____ years and _____ months.

I believe him/her to be qualified under the New Jersey Cosmetology and Hairstyling Law (N.J.S.A. 45:5B-1 et seq.) to take an examination for a license. I am making this certification with the full knowledge that the New Jersey State Board of Cosmetology and Hairstyling relies on this certification to grant the applicant the privilege of examination.

_____
Employer's name (please print)

_____ _____
Date Employer's signature

(Must be notarized)

Sworn and subscribed to before me this_____

day of _____ , 20_____
Month

Affix seal here

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey State Board of Cosmetology and Hairstyling
124 Halsey Street, 6th Floor, P.O. Box 45003
Newark, New Jersey 07101
(973) 504-6400

Physician's Certificate

I hereby certify that I have examined _____,
First name Middle initial Last name

whose address is _____,
Street address City State ZIP code

on _____ and found this person to be free from any evidence of infectious, contagious
Date

or communicable diseases which could reasonably be expected to be transmitted during the course of rendering cosmetology and hairstyling, beauty culture, barbering, skin care specialty or manicuring services.

Physician's name_____
Please print clearly

Date_____ Physician's signature_____

_____
Street address City State ZIP code

New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey State Board of Cosmetology and Hairstyling
124 Halsey Street, 6th Floor, P.O. Box 45003
Newark, New Jersey 07101
(973) 504-6400

Certification of Cosmetology and Hairstyling School

I hereby certify that the applicant herein, _____ ,
First name Middle initial Last name

in our opinion, meets all of the requirements governing the New Jersey State Board of Cosmetology and Hairstyling in accordance with the Revised Statutes of New Jersey (N.J.S.A. 45:5B-1 et seq.), to be accepted to take the State Board Examination for:

- ☐ Cosmetologist & Hairstyling
- ☐ Manicuring
- ☐ Skin Care Specialty
- ☐ Barbering
- ☐ Beauty Culture
- ☐ Teacher.

This applicant attended our school ☐ Full-time ☐ Part-time.

Date started _____ Date finished _____ Hours completed _____
Month Day Year Month Day Year

To be admitted to the New Jersey State Board of Cosmetology and Hairstyling examination, the student must be at least 17 years of age, have completed the required hours of training* and have completed high school or the equivalent.

School name _____

Address _____
Street address

_____
City County ZIP code

_____ _____
Print name of Principal or Supervisor Signature of Principal or Supervisor

---

* To obtain a cosmetology and hairstyling license, you ***must*** complete a 1,200-hour cosmetology and hairstyling course.
* To obtain a beauty culture license, you ***must*** complete a 1,100-hour beauty culture course.
* To obtain a barbering license, you ***must*** complete a 900-hour barbering course.
* To obtain a skin care specialty license, you ***must*** complete a 600-hour skin care specialty course.
* To obtain a manicuring license, you ***must*** complete a 300-hour manicuring course.

SOURCES OF FOREIGN CREDENTIAL INTERPRETATION ASSISTANCE

The independent and private professional organizations listed below in alphabetical order provide advisory assistance for the interpretation of specific foreign educational achievement in the United States. Each operates on a fee basis and supplies advisory interpretations directly to the requesting individuals, organizations, and agencies for their respective purposes and needs.

1. CONTINENTAL LANGUAGE SERVICES AND EDUCATIONAL CONSULTANTS: Foreign Educational Credential Evaluations performed in adherence to the guidelines stipulated by the National Council. The fee for services may vary in accordance with individual case load. Mr. Juan Jimenez is the Evaluation Director. For further information, please contact Mr. Juan Jimenez at telephone number (551) 486-2167, fax number (201) 861-8617, and address at 6600 Kennedy Boulevard East, Suite 12F, West New York, New Jersey 07093.

2. CREDENTIALS EVALUATION SERVICE OF THE INTERNATIONAL EDUCATION RESEARCH FOUNDATION: which is incorporated in the State of California as a nonprofit public service, provides an advisory evaluation for a fee. The International Education Research Foundation is held, in a private capacity by the University of Northridge California. Further information may be obtained from Credentials Evaluation Service, P.O. Box 24679, Los Angeles, California 90024, or by telephone number (310) 390-6276.

3. GLOBE LANGUAGE SERVICES: The evaluation standard followed are those approved by the National Council on the evaluation of foreign educational credentials, Dr. George Fletcher is the Evaluation Director and the fee may vary. Please contact: Applications and Services, 319 Broadway, New York, New York 10007, (800) 446-6228, or (212) 227-1994, and fax number at (212) 398-6894.

4. INTERNATIONAL CONSULTANTS INC. (ICI) OF DELAWARE: which is incorporated in the State of Delaware, provides advisory interpretations through its Credential Evaluation Services for a fee. International Consultants Inc. (ICI) of Delaware is headed in a private capacity by Mr. Gary Hopkins, Delaware Office, 109 Barksdale Professional Center, Newark, Delaware 19711, telephone number (302) 737-8715, and the California Office, P.O. Box 5399, Los Alamitos, California 90721, (213) 430-2405.

As noted, the interpretations or opinions of the aforementioned organizations are advisory only and are in no way binding on any U.S. or State institution, agency or organization, each of which has the responsibility and authority for making its own decisions on the recognition it chooses to accord to education credential under decentralized system of education in the United States.

This list is supplied for information purposes only, and in no way implies formal recognition or approvals by the Office of Education or the State of New Jersey of the agencies listed or their advisory interpretations.

1. Manicurists must provide proof of 300 hours of training at an approved school licensed in your state or country.

2. Skin Care Specialists must provide proof of 600 hours of training at an approved school licensed in your state or country.

3. Cosmetology and Hairstylists must provide proof of 1200 hours of training at an approved school licensed in your state or country.

4. Beauticians must provide proof of 1,100 hours of training at an approved school licensed in your state or country.

5. Barbers must provide proof of 900 hours or training at an approved school license in your state or country.

Please be advised that the Certification must be on the letterhead of the licensing authority or jurisdiction to the Board with the Official Seal Affixed to the Certification. The Board will not accept any authority or jurisdiction without the Official Seal Affixed. Please note all documents must be either in English or be translated into English and notarized.