



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



Reinstatement Fees

| Expiration date | Fees | Total fee required |
|--------------------------------------------------------------|-------------------------------------------------|--------------------|
| November 1, 2016 | \$50.00 Restoration fee \$60.00 License fee | \$110.00 |
| September 30, 2014 (Renewal periods prior to 2012) | \$50.00 Restoration fee \$120.00 License fee | \$170.00 |

Pursuant to N.J.S.A. 45:1-7.4(e), please list any information or activities such as courses taken or relevant activities that you have done during the period in which your license was expired or administratively suspended that you wish the Board to consider regarding your proficiency and knowledge in the area of practice you are seeking reinstatement or reactivation of your license.

Attach additional sheet(s) of paper if necessary.



This application is **only** to be used by an **individual** who seeks to have her/his **personal** license reinstated.

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Application for Reinstatement

You may not practice in the State of New Jersey until your license has been reinstated.

Check all that apply: Cosmetologist-Hairstylist Manicurist Skin Care Specialist
 Barber Beautician Teacher

N.J. License No.: _____ Date: _____

A nonrefundable reinstatement fee of \$50.00, along with all past delinquent renewal fees, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application for reinstatement (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 reinstatement 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

1. Name _____ (_____)
Last name First name Middle initial Maiden name

2. Address

Home: _____
Street City State ZIP code County

Telephone number (include area code) E-mail address

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

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 |
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| _____ | 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.

Relevant experience acquired since your license expired.

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: _____

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

Name of Notary Public (please print)

Signature of Notary Public

