

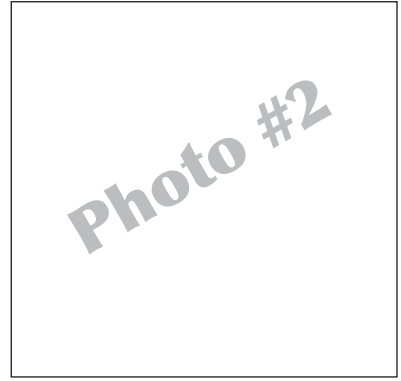


New Jersey Office of the Attorney General
 Division of Consumer Affairs
 New Jersey State Board of Cosmetology and Hairstyling
 124 Halsey Street, 6th Floor, P.O. Box 45003
 Newark, New Jersey 07101
 (973) 504-6400

Attach two clear, full-face pass-
 port-style photographs (2"x
 2") of your head and shoul-
 ders, 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.



Application for Licensure by Endorsement

Check all that apply:

Cosmetologist-Hairstylist

Manicurist

Skin Care Specialist

Barber

Beautician

Date : _____

A nonrefundable application filing fee of \$100.00 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 made out 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

Please provide a copy of your birth certificate, passport or valid New Jersey driver's license with this application.

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 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

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security 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 Support 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 your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

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

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 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 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(1) through d will result in a 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.

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

N.J.A.C. 13:28-1.1(e)3 states:

“Applicants who have obtained training in another state or country shall demonstrate, by way of certification from the licensing authority in the state or country that such training is substantially equivalent to the training offered at cosmetology and hairstyling schools licensed in New Jersey. Applicants holding a license from another state or country who have engaged in the practice of cosmetology and hairstyling, beauty culture, barbering, skin care specialty, or manicuring for at least three years in that state or country, may submit, in lieu of the documentation of training required in this paragraph, a notarized affidavit of work experience and a letter of certification of licensure from the licensing authority in that state or country.”

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 if necessary.)

Name of school

Street address City State ZIP code

Dates attended: From _____ To _____

Did you graduate? Yes No No. hours completed _____

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 _____, _____
Month Year



Name of Notary Public (please print)

Signature of Notary Public



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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 _____ / _____

Month

Year

 Name of Notary Public (please print)

 Signature of Notary Public





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Verification of State License

Note: *This form is to be completed by the licensing authority in the state where you received your original license and returned from the licensing authority directly to the address stated above. A separate form must be used for each state. This form may be reproduced.*

Name of applicant: _____
Last name First name Middle initial

The above-named applicant is a licensee of the State of _____ and was
 issued a license number _____ on _____
Month Day Year

The applicant was licensed by the following:

- Examination: _____
- Endorsement/Reciprocity from the State of: _____
- Other: _____

The license status is:

- Current and in good standing expiring on: _____
- Revoked or suspended: _____
- Inactive/expired on: _____
- Other: (please attach explanation)

The licensee does does not have a record of disciplinary history with this agency. (Attach disciplinary information, if applicable.)

I hereby certify that to the best of my knowledge and belief, the foregoing is a true statement of the record of the individual on this form.

Name of Board

Name of person completing this form (please print)

Title

Signature

Date





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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