



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

FOR OFFICE USE ONLY

Original Student
Registration No. _____

Student
Re-Registration No. _____

Type of coursework student will be pursuing: (check one)

- Cosmetology & Hairstyling
- Manicuring
- Skin Care Specialty
- Barbering
- Beauty Culture

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

A photo is required with each application.

Staple the photo here.

Application for Registration as a Student Transfer or Reregistration Students Only

Date : _____

There is a nonrefundable fee of \$5.00 to register as a student. The check or money order should be made out to the State of New Jersey and it must be submitted with this application (applicants should understand that if the registration fee is paid with a personal check, and if the check is returned by the bank due to insufficient funds, the next step in the registration process will be delayed until the fee is paid). When you have completed half of your training, you will be required to submit an additional payment of \$5.00 for your student permit.

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 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.

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.

CERTIFICATION

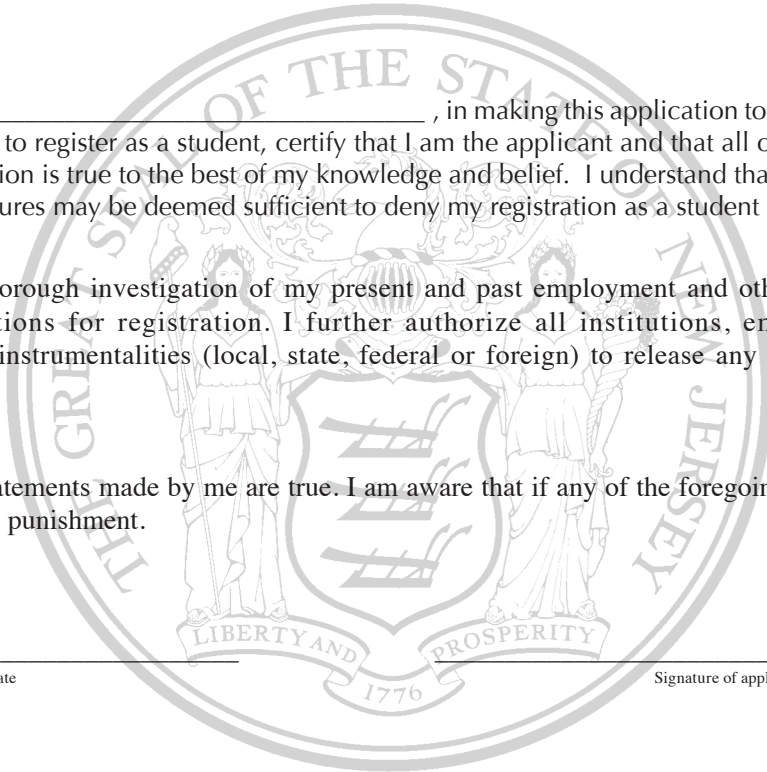
I, _____, in making this application to the New Jersey State Board of Cosmetology and Hairstyling to register as a student, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny my registration as a student by the Board.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for registration. 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.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature of applicant





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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. 45:5 B-1 et seq.), to be accepted to be registered as a student by the Board.

The applicant enrolled in our school on _____ as a Full-time Part-time student.
Month Day Year

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____
(Designate the applicant's hours of attendance above, e.g. 9:00 - 5:00)

- | | | | |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Cosmetology & Hairstyling | <input type="checkbox"/> Brush-Up | <input type="checkbox"/> Manicuring | <input type="checkbox"/> Skin Care Specialty |
| <input type="checkbox"/> Teacher's Program | <input type="checkbox"/> Barbering | <input type="checkbox"/> Beauty Culture | |
| <input type="checkbox"/> Post-Graduate | <input type="checkbox"/> English | <input type="checkbox"/> Non-English _____ | <small>Specialty language</small> |

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 for the license sought and have completed high school or the equivalent.*

School name _____

Address _____
Street address

_____ City County ZIP code

Permit / License No. _____

Print name of Principal or Supervisor

Signature of Principal or Supervisor

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