



**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



## **Application for a Temporary Permit**

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### **Important note**

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If you wish to apply for a Temporary Permit, you **must** fill out an Application for Authorization to Sit for the Examination and for Licensure and submit it **at the same time** that you submit a completed Application for a Temporary Permit. Both applications must be submitted together along with the correct fee for each application. A Temporary Permit will **not** be issued if the Board does not receive a completed Application for Authorization to Sit for the Examination and for Licensure **at the same time** that it receives a completed Application for a Temporary Permit.

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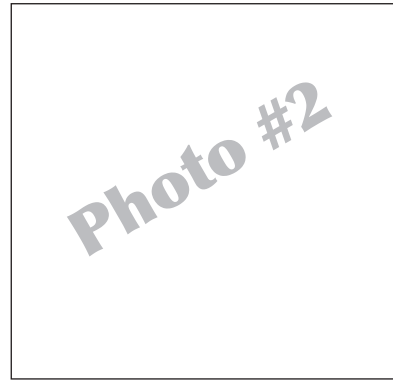
Attach two clear, full-face passport-style photographs (2"x 2") of your head and shoulders, taken within the past six months.

Two photos are required with each application.

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



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## Application for a Temporary Permit

Indicate the type of Temporary Permit you are applying for:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cosmetology & Hairstyling | <input type="checkbox"/> Manicuring     | <input type="checkbox"/> Skin Care Specialty |
| <input type="checkbox"/> Barbering                 | <input type="checkbox"/> Beauty Culture | <input type="checkbox"/> Hair Braiding       |

Date: \_\_\_\_\_

### Note

A temporary permit will be issued only to cosmetology/hairstyling students who have completed 1,200 hours of training, beauty culture students who have completed 1,100 hours of training, barbering students who have completed 900 hours of training, skin care students who have completed 600 hours of training and manicuring students who have completed 300 hours of training. All of these applicants are seeking a temporary permit to work before the next opportunity to sit for the licensing exam. In addition, a temporary permit will not be issued until the applicant has received authorization from the Board to sit for the next licensing examination.

A nonrefundable application filing fee of \$20.00, 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 application 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 address City State ZIP code County

\_\_\_\_\_  
Telephone number (include area code) E-mail address

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 may 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.

### Education and Training

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

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.

\_\_\_\_\_  
Name of educational institution

\_\_\_\_\_  
Street address City State ZIP code

\_\_\_\_\_  
Date certificate was issued

4. Have you previously 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, and the number of hours you completed there.

\_\_\_\_\_  
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 1,200-hour cosmetology and hairstyling course, the 1,100-hour beauty culture course, the 900-hour barbering course, the 600-hour skin care course or the 300-hour manicuring course that is required to obtain a temporary permit.

\_\_\_\_\_  
Name of school

\_\_\_\_\_  
Street address City State ZIP code

## Certification of Applicant

I do hereby certify that I am of good moral character. I have been informed of the minimum requirements to obtain a temporary permit and understand that I must meet those requirements. I further affirm that all statements made by me on this form are true and accurate and are made for the purpose of making application to the New Jersey State Board of Cosmetology and Hairstyling for a temporary permit.

Date: \_\_\_\_\_, 20\_\_\_\_ .  
Month Day

\_\_\_\_\_  
Signature of applicant

Witnessed by:

\_\_\_\_\_  
Signature of parent or nearest kin of applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
ZIP code