



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 Teacher Permit

Important note

If you wish to apply for a Temporary Teacher 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 Teacher Permit; OR have previously submitted an Application for Authorization to Sit for the Examination and for Licensure for a teacher license.

Only candidates for a teacher license who have not yet sat for the Board exam are eligible for a Temporary Teacher Permit.



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 Teacher Permit

Date: _____

Note

A temporary teacher permit will be issued only to applicants for licensure as teachers who have completed a 500-hour teacher training course; a 30-hour teaching methods course; and have been employed for 30 hours per week for six consecutive months in a licensed shop. 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.

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

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