





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 license as a cosmetologist/hairstylist, manicurist or skin-care specialist 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, manicuring or skin care 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, manicuring or skin care 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

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 attended a school of barbering, skin care, 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.)

\_\_\_\_\_  
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 that is required for licensure.

\_\_\_\_\_  
Name of school  
\_\_\_\_\_  
Street address City State ZIP code

## Experience

Applicants need only list the work experience they've acquired in the fields of cosmetology/hairstyling, manicuring or skin care.

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



**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



## 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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 (973) 504-6400



**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 services.

Physician's name \_\_\_\_\_  
Please print clearly

Date \_\_\_\_\_ Physician's signature \_\_\_\_\_

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

**(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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## 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. 45:5B-1 et seq.), to be accepted to take the State Board Examination for:

- Cosmetologist-Hairstylist     
  Manicurist     
  Skin-Care Specialist     
  Teacher.

This applicant attended our school     
 Full-time     
 Part-time.

Date started \_\_\_\_\_ Date finished \_\_\_\_\_ Hours completed \_\_\_\_\_  
Month      Day      Year
Month      Day      Year

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 1,200 hours of training and have completed high school or the equivalent.

School name \_\_\_\_\_

Address \_\_\_\_\_  
Street address

\_\_\_\_\_ City County ZIP code

\_\_\_\_\_ Print name of Principal or Supervisor

\_\_\_\_\_ Signature of Principal or Supervisor