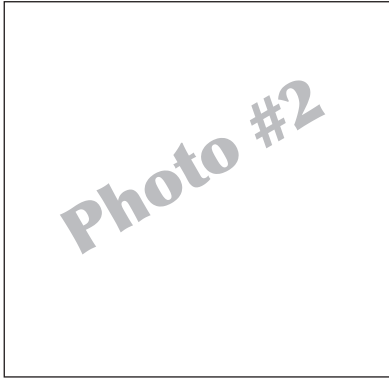




New Jersey Office of the Attorney General
 Division of Consumer Affairs
 New Jersey State Board of Cosmetology and Hairstyling
 124 Halsey Street, 6th Floor, P.O. Box 45003
 Newark, New Jersey 07101
 (973) 504-6400



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: Cosmetology & Hairstyling Manicuring Skin Care

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

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

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 and Training

N.J.A.C. 13:28-1.1(d) 1 states:

“Applicants obtaining their cosmetology and hairstyling training in another state or country must demonstrate, by way of certification from that state’s or country’s licensing authority that such training conforms substantially with the standards applicable to cosmetology and hairstyling schools in the State of New Jersey. Applicants holding a license from another state who have engaged in the practice of cosmetology and hairstyling for at least three years in that state, may submit, in lieu of documentation of cosmetology and hairstyling training, a notarized affidavit of work experience and a letter of certification of licensure by the State’s board.”

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 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, 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



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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

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



Official Use Only

Dual License

License Type 1

Applicant's number

License Type 2

Applicant's number



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Official Use Only

Resubmit

Board or Committee

**CERTIFICATION AND AUTHORIZATION FORM
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

Directions: Answer all of the questions on this form.

1. Name Mr. Mrs. Ms. _____ (_____)
Last First Middle Maiden Name

2. Address _____
Street or P.O. Box City State ZIP code

3. Date of birth ____/____/____ Sex: Male Female
Month Day Year

4. Social Security number _____/_____/_____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? Yes No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.

If "Yes," please provide the following information and follow the instructions outlined below:

Board or committee requiring the fingerprinting

Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history record background check process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply), you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history record background check each time you apply for licensure or certification. **The fee for this service is \$25.30.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) Yes No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, 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 certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

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

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.

Signature of applicant

Date