



State and Consumer Services Agency -- Arnold Schwarzenegger, Governor



BOARD OF BARBERING AND COSMETOLOGY
 P.O. Box 944226, Sacramento, CA 94244-2260
 P (800) 952-5210 F (916) 575-7281 www.barbercosmo.ca.gov/

APPLICATION FOR EXAMINATION AND INITIAL LICENSE FEE

PLEASE SEE ATTACHED INSTRUCTIONS.

ATS ID Number (For official use only)

Incomplete applications will be returned.

Check one box for type of license to which you are applying:

<input type="checkbox"/> Cosmetologist Exam fee \$75 License fee \$50 Total Fee = \$125.00	<input type="checkbox"/> Barber Exam fee \$75 License fee \$50 Total Fee = \$125.00	<input type="checkbox"/> Electrologist Exam fee \$75 License fee \$50 Total Fee = \$125.00	<input type="checkbox"/> Manicurist Exam fee \$75 License fee \$35 Total Fee = \$110.00	<input checked="" type="checkbox"/> Esthetician Exam fee \$75 License fee \$40 Total Fee = \$115.00
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SECTION A: APPLICANT INFORMATION

(The name on your application MUST match the name on your government-issued photographic identification.)

Social Security Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>			Date of Birth (Must be 17 years old) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month Day Year		
Last Name		First Name		Middle Name	
Address		City	State	Zip Code	
School Code (California students only)	Telephone Number ()		E-mail Address (Not required)		

SECTION B: QUALIFICATIONS (Choose one)

California Students

<input checked="" type="checkbox"/>	I graduated from a California Board approved school and attached the Proof of Training Document.
<input type="checkbox"/>	I am still attending a California Board approved school, and have been approved by my school to submit a pre-application, <u>which is attached</u> . I am including the \$9.00 pre-application fee with the above examination/licensing fees in <u>ONE</u> check or money order.
<input type="checkbox"/>	I previously held a license in the State of California, which was cancelled. Name as it appeared on the previous license: _____ License Number: _____ Date Issued: _____ Expiration Date: _____

Out of State/Out of Country

<input type="checkbox"/>	I completed my schooling in another state, but did not receive a license. Have your school complete Form B, "Out of State Applicant School Training Record" and submit with this application.
<input type="checkbox"/>	I went to school and/or held a license in another country, and I have requested an Evaluation Service to evaluate my credentials and send a report <u>directly</u> to the Board. See instructions for out of country evaluation services.
<input type="checkbox"/>	I hold a current license in another State, it has been active for <u>less than 3 years</u> . I have requested the State with which I hold a current license send a Certification of Licensure <u>directly</u> to the California State Board of Barbering and Cosmetology. See Instructions. State Name _____ License Type _____ License # _____

Reciprocity

The board shall grant a license without an examination to practice to an out of state applicant if the applicant submits: (a) A completed application form and all fees required by the board. (b) Certification of license issued by another state to practice that meets all of the following: (1) It is not revoked, suspended, or otherwise restricted. (2) It is in good standing. (3) It has been active for three of the last five years, during which time the applicant has not been subject to disciplinary action or a criminal conviction. **If you qualify as stated above, complete the "APPLICATION FOR RECIPROCITY & INTIAL LICENSE FEE" located on the Board's website at www.barbercosmo.ca.gov.**

Apprentice

<input type="checkbox"/>	I completed my California apprentice training and have attached a certificate of completion.
<input type="checkbox"/>	I am currently in the California apprentice program and have been approved by my program sponsor to submit a pre-application, which is attached.

SECTION C: EXAM INFORMATION (See instructions, additional forms may be required)

Exam location <input type="checkbox"/> North (Fairfield) <input type="checkbox"/> South (Glendale)	Exam language preference <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese	Do you require reasonable accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please complete the request for reasonable accommodation form with all supporting documentation and attach to this application.
Do you need an interpreter or interpreter/model? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete interpreter forms G & H and attach to this application.		Have you completed the 10th Grade in a public school or it's equivalency (12th grade for electrology applicants)? <input type="checkbox"/> No <input type="checkbox"/> Yes

SECTION D: BACKGROUND INFORMATION

1. Have you ever been convicted of, or pled no contest to, a violation of any law of the United States, in any state, local jurisdiction, or any foreign country? Your application will be delayed by 2 to 6 months, if the information provided is not complete.
 No Yes If yes, please answer the following questions. Attach additional pages if needed.

Date of Conviction(s): _____

Type of Violation(s): _____

Court(s) Where Conviction(s) Occurred: _____

Penalties Received: _____

Additional Details: _____

- Include copies of arrest records, court documents, verification of restitution received by the court, and verification of successful completion of probation.
- A letter from you describing the underlying circumstances of arrest as well as any rehabilitation efforts or changes in life since that time to prevent future problems.
- Letters of reference from past and/or current employers.

Include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under California Penal Code Section 1000 or 1203.4 (Traffic violations of \$500.00 or less need not be reported).

2. Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country?
 No Yes

If yes, attach an explanation that includes the license type, the action taken, by what state, and the date. Also include a copy of the administrative action, and if applicable, copies of arrest records, court documents, verification of restitution received by the court, and verification of successful completion of probation.

3. Do you hold or have you held any additional licenses issued by the Board of Barbering and Cosmetology? No Yes
 If yes, provide license type(s), number(s) and date(s) issued _____.

SECTION E: APPLICANT CERTIFICATION

I certify that I have read and understand the laws and regulations pertaining to the profession in California. I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature of Applicant	Date

Has your name changed since your last application? No Yes
 If yes, please submit a "Name Change" form with the required documentation for a name change along with this application.

APPLICATION FOR EXAMINATION INSTRUCTIONS

REQUIREMENTS

Qualifications to take the Board of Barbering and Cosmetology (Board) exams:

- Be at least 17 years of age
- Has competed the 10th grade in a public school or it's equivalent (12th grade for Electrologist)
- Has committed no acts or crimes constituting grounds for denial of licensure under Section 480 of the Business and Professions Code, and
- Has completed the following hours in a Board Approved School/or completed a 3200 hour apprentice program in California:

Cosmetologist 1600 Hours	Manicurist 400 Hours	Barber 1500 Hours	Esthetician 600 Hours	Electrologist 600 Hours
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RECIPROCITY

The board shall grant a license without an examination to an out of state applicant if the applicant submits all of the following to the Board:

- (a) A completed application form and all fees required by the board
- (b) Proof of a current license issued by another state to practice that meets all of the following requirements:
 - (1) It is not revoked, suspended, or otherwise restricted.
 - (2) It is in good standing.
 - (3) It has been active for three of the last five years, during which time the applicant has not been subject to disciplinary action or a criminal conviction.

TO APPLY FOR RECIPROCITY, YOU MUST COMPLETE THE FORM "APPLICATION FOR RECIPROCITY & INITIAL LICENSE FEE" LOCATED ON OUR BOARD'S WEBSITE AT www.barbercosmo.ca.gov. RECIPROCITY CANDIDATES ARE SUBJECT TO ONLY THE LICENSE FEE AS NO EXAMINATION IS REQUIRED.

APPLICATION CHECK LIST

Ensure the entire application is complete. INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU AND WILL DELAY THE PROCESSING OF YOUR APPLICATION.

- Complete the entire application.
- Submit the correct application/examination, pre-application and license fee by attaching ONE check or money order. ALL FEES MAY BE SUBMITTED IN ONE PAYMENT. DO NOT SEND CASH.
- Any additional forms or requests required based on your responses on the application.

Additional forms can be downloaded from the internet at www.barbercosmo.ca.gov/

Form A Out of State License Certification	Form B Out of State School Training Record	Form C Out of State Affidavit of Experience	Form G and H Interpreter Forms	Reasonable Accommodation Form	Request for Out of County Evaluation	Name Change Application
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Please allow 4 to 8 weeks to process your application.

HELPFUL HINTS

- Submit a check with your application; it will help you track your application status.
- Incomplete applications will be returned, and delay your application process.
- It can take up to 8 weeks to process an application. If you do not receive a California State Board admission letter in 8 weeks, please call the Board at 1-800-952-5210 to check the status.
- If you are coming from out of state, you must request the state board where you currently hold your license send a certification of licensure to the California Board of Barbering and Cosmetology at the same time or before you submit your application to the California State Board. This will help process your application in a timely manner.

LOCATION PREFERENCE

Indicate whether you wish to take your examination at either the Board's Glendale or Fairfield examination site.

LANGUAGE PREFERENCE

Indicate the language you would like to take your examination. All written examinations are offered in English, Spanish and Vietnamese.

PROOF OF TRAINING

Every first time application for examination (excluding pre-applications), where the applicant received training from a California approved school must be accompanied by proof of training document. Please do not send your diploma or transcripts.

REASONABLE ACCOMMODATIONS

The Board provides reasonable accommodations for applicants with disabilities that will affect their ability to take the required licensing examinations. Applicants needing reasonable accommodations may download the application from our website or request the form by calling the Board. This form must be completed by a medical professional and returned to the Board with any necessary medical documentation for approval before an examination date can be scheduled. Forms G & H are required if you are requesting use of your own reader or signer.

INTERPRETER OR INTERPRETER/MODEL

USE OF AN INTERPRETER OR INTERPRETER/MODEL: Indicate if you will be using an interpreter (for the written exam) or an interpreter/model (for both the written and practical exams) and indicate your native language. Each applicant must have prior authorization from the Board to use an interpreter or interpreter/model during the examination. The applicant must complete Form G (Request for Use of an Interpreter or Interpreter/Model). The interpreter or interpreter/model must complete Form H (Authorization to Use an Interpreter, Interpreter/Model) and provide two identical 1 1/2" x 1 1/2" photos, signed on the back by the interpreter or interpreter/model. Both forms must be submitted with the application for examination.

THE APPLICANT CANNOT CHANGE INTERPRETERS OR INTERPRETER/MODELS UNLESS NEW FORMS (G & H) AND PHOTOGRAPHS ARE RECEIVED AND APPROVED BY THE BOARD at least 15 DAYS PRIOR TO THE APPLICANT'S SCHEDULED EXAMINATION DATE. Please refer to "Interpreter or Interpreter/Model Instructions" to determine if you meet the qualifications for use of an interpreter or interpreter/model.

OUT OF STATE APPLICANTS

Form A (Out of State License Certification) Request your licensing state to send a Certification of Licensure directly to the California State Board of Barbering and Cosmetology. If you are licensed in more than one state, you may elect to submit a certification request to the state(s) of your choice. Should your certification arrive to the California State Board before your other documents, it will be kept on file for one year. Please note some states charge a fee to certify your license and you are responsible for the incurred expense.

Form B (Out of State Applicant School Training Record) If you never received a license in another state, but completed training in another state, send this form to the school where you received your training.

Form C (Affidavit of Experience) This form is only required if you do not meet the required number of hours for licensure. In order for the Board to consider granting credit based on your work experience as a licensed practitioner, complete Form C as indicated. The person(s) verifying your work experience must be a disinterested party (i.e., employer, peer, or someone other than a family member). Each three months of licensed practice shall be deemed the equivalent of 100 hours of training for qualification.

OUT OF COUNTRY APPLICANTS

Contact one of the following evaluation services. Ask for a "general evaluation." Upon completion of your evaluation, the evaluation service will send the report directly to the Board and will forward a copy to you for your records.

International Education Research
Foundation, Inc. (IERF)
P.O. Box 3665
Culver City, CA 90231-3655
Telephone: (310) 258-9451
Fax Number: (310) 342-7086
Email: info@ierf.org
Web site: www.ierf.org/

Span Tran Educational Services, Inc.
7211 Regency Square Blvd., #205
Houston, TX 77036
Telephone: (713) 266-8805
Web site: www.spantran-edu.com/

Educational Credential Evaluations (ECE)
P.O. Box 514070
Milwaukee, WI 53203-3470
Telephone: (414) 289-3400
Fax Number: (414) 289-3411
Email: eval@ece.org
Web site: www.ece.org/



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INFORMATION COLLECTION, ACCESS AND DISCLOSURE

***This statement is for your information.**

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

AGENCY NAME:

Board of Barbering and Cosmetology

TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:

Executive Officer

ADDRESS:

2420 Del Paso Road, Suite 100, Sacramento, CA 95834

INTERNET ADDRESS:

www.barbercosmo.ca.gov/

TELEPHONE AND FAX NUMBERS:

(916) 574-7570 phone (916) 575-7281

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:

Sections 7300 to 7457, inclusive, comprising Chapter 10 Division 3, of the California Business and Professions Code.

CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED:

The information requested will be used to determine qualifications for licensure or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

ANY KNOWN OR FORESEEABLE DISCLOSURES WHICH MAY BE MADE OF THE INFORMATION:

Your completed application becomes the property of the board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

SOCIAL SECURITY NUMBER (SSN) DISCLOSURE

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c)(2)(C)] authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.