



INTERPRETER OR INTERPRETER/MODEL INSTRUCTIONS

WHO CAN REQUEST AN INTERPRETER OR INTERPRETER/MODEL?

If an applicant has qualified for the barber, cosmetologist, manicurist, esthetician, or electrologist examination and cannot read, speak, or write in English at a 10th grade-level, the applicant may request authorization from the Board of Barbering and Cosmetology (BBC) to use an interpreter for the written part of the examination. If the Applicant is taking both the practical and the written parts of the examination and requires an interpreter for both parts, an interpreter/model must be requested for use in the examination. Due to space constraints in the testing facility, applicants CANNOT have a separate model and interpreter for the practical portion of the exam. **The BBC does NOT provide interpreters or interpreter/models.**

SPANISH OR VIETNAMESE APPLICANTS:

Written Examination: The barbering, cosmetology, electrology, esthetician and manicurist examinations are available in English, Spanish, and Vietnamese and applicants must indicate their language preference on the examination application. It is NOT necessary for Spanish or Vietnamese-speaking applicants to request an interpreter since the examination is available in Spanish and Vietnamese.

Practical Examination: The cosmetology, esthetician and manicurist practical examinations are available in English, Spanish and Vietnamese. It is NOT necessary for Spanish or Vietnamese-speaking applicants to request an interpreter/model since the examination is available in Spanish and Vietnamese. However, an interpreter/model may be requested for use in only the practical part of the barber or electrologist examination.

WHO CANNOT ACT AS AN INTERPRETER OR INTERPRETER/MODEL?

- Persons less than 15 years of age.
- Persons who are current or former students in barbering, cosmetology, manicuring, esthetics, or electrology.
- Persons who have ever been licensed as an operator or an instructor in barbering, cosmetology, manicuring, esthetics, or electrology in this or any other state.
- Persons who are or have been enrolled in a barber apprentice or cosmetology apprentice training program.
- Persons who have been a Junior Operator or Junior Electrologist.
- Persons who are or have been owners or employees of any school of barbering, cosmetology, manicuring, esthetics, or electrology.
- Persons who have acted as an interpreter or interpreter/model **within the past two years**, regardless of the examination type.

WHAT FORMS MUST BE COMPLETED TO USE AN INTERPRETER OR INTERPRETER/MODEL?

Both BBC Forms G and H must be completed and sent to the Board with the application for examination and appropriate examination fees. An applicant CANNOT use an interpreter or interpreter/model if any of the following requirements are not fully met:

Applicant Requirements:

- Must fully complete and sign Form G. This form is to be completed by the applicant ONLY.
- Provide the interpreter or interpreter/model with Form H for their completion and signature.
- Verify the interpreter or interpreter/model included two copies of a 1 ½” by 1 ½” full face photograph with the interpreter or interpreter/model signature on the back is included with the completed Form H.
- Verify the photo was taken within the past two years of the signed request.
- Ensures that Forms G and H, along with photographs, arrive at the Board at least 15 days prior to the date of the examination, if they were not initially submitted with the application for examination.

Interpreter or Interpreter/Model Requirements:

- Must fully complete and sign Form H and return it to the applicant. **By completing and signing this form, the interpreter or interpreter/model is certifying under penalty of perjury under the laws of the State of California that he/she is fluent in both English and the native language of the applicant.**
- Provide the applicant with two copies of a 1 ½” by 1 ½” front view, FULL-FACE, photograph of the Interpreter or Interpreter/Model and sign the back of the provided photograph. The Interpreter or Interpreter/Model must have taken the photograph within the last two years.

Upon BBC’s evaluation and approval of the request to use an interpreter or interpreter/model, the BBC will validate Form H by embossing the photograph with the Board’s seal. The BBC will return Form H to the applicant to present to the exam facility on the day of the examination.

ON THE DAY OF THE EXAMINATION

At the examination facility, the applicant and the interpreter or interpreter/model **MUST**:

- Present the validated and authorized Form H along with the applicant’s examination admission letter.
- Each shall present one form of a current and valid government issued photographic identification. Acceptable forms of identification include:
 1. Current Drivers License – any state
 2. State Identification Card – any state
 3. U.S. Military Identification
 4. Valid Passport – any country (valid foreign passport with valid Record of Arrival/Departure – form I-94 or Processed for I-551 stamped in a valid foreign passport)
 5. United States Immigration and Naturalization Issued Identification
 6. Certificate of United States Citizenship (must be current and valid)

IMPORTANT NOTES

- The BBC may record the interpreting of the written portion of the examination.
- Interpreters are not permitted to read the examination to the applicant in English. The interpreter must interpret the exam in the applicant’s native language.
- Disabled persons are entitled to have access to the examination in a manner equal to a person who is not disabled. Reasonable accommodations will be provided upon verification of medically confirmed disabilities. Applicants requiring reasonable accommodations under the Americans with Disabilities Act (ADA) may request accommodations by completing the BBC’s Request for Reasonable Accommodation form (i.e., readers, ASL signers, etc.).
- Interpreters or interpreter/model may provide translation services **ONLY**. They may not help the applicant by explaining, coaching, demonstrating, or giving answers. If the Board determines that an interpreter is assisting the applicant, the applicant’s examination will be voided and the applicant may be denied entry into future examination or any other BBC licenses issued to the applicant may be subject to suspension or revocation.
- Persons who have acted as an interpreter or interpreter/model may not apply to the Board for a license in any category (i.e., barbering, cosmetology, manicuring, esthetics, or electrology) for which they provided interpreter or interpreter/model services for a period of one year from the date of service.



APPLICATION TO USE AN INTERPRETER OR INTERPRETER/MODEL

FORM G

ATS ID Number (For official use only)

Check Box for type of license to which you are applying:

Barbering
 Cosmetology
 Esthetician
 Manicurist
 Electrology

SECTION A: APPLICANT INFORMATION

Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		
Last Name		First		Middle	
Address		City		State	Zip Code
My Native Language is:			Telephone Number ()		

SECTION B: INTERPRETER INFORMATION

Last Name			First			Middle		
Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year					
Telephone Number ()			Check one <input type="checkbox"/> Interpreter <input type="checkbox"/> Interpreter/Model					

SECTION C: APPLICANT CERTIFICATION

READ AND INITIAL EACH STATEMENT

I, the applicant, hereby state that I:

- am unable to speak, read, or write the English language at the 10th grade level.
- understand it is my own responsibility to obtain the interpreter or interpreter/model.
- understand I can use an interpreter only in the written part of the examination. An interpreter/model may be used both in the written and practical portions of the examination.
- understand I **cannot** use a particular interpreter or interpreter/model who has acted in either of these capacities within the past **TWO** years.
- understand that I **cannot** use a particular interpreter or interpreter/model who is under 15 years of age or who is or has been a student in barbering, cosmetology, or electrology in this state or any state, an apprentice, or owner or employee of any school of barbering, cosmetology, or electrology.
- understand the interpreter or interpreter/model **MUST BE FLUENT IN ENGLISH AND MY NATIVE LANGUAGE.**
- **may not be coached** by the interpreter or interpreter/model during any part of the examination.
- understand the Board may tape record the interpreting of the written part of the examination.

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
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INTERPRETER OR INTERPRETER/MODEL

FORM H

ATS ID Number (For official use only)

SECTION A: INTERPRETER/MODEL INFORMATION

Social Security Number				Date of Birth							
<input type="text"/>	<input type="text"/>	<input type="text"/>	--	<input type="text"/>	<input type="text"/>	--	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Month		Day		Year				
Last Name				First				Middle			
Address				City				State		Zip Code	
Check one <input type="checkbox"/> Interpreter <input type="checkbox"/> Interpreter/Model						Telephone Number ()					

Applicant Information

Last Name				First				Middle			
Exam Location: <input type="checkbox"/> Glendale <input type="checkbox"/> Fairfield				Native Language							

SECTION B: INTERPRETER CERTIFICATION

READ AND INITIAL EACH STATEMENT

- I have not acted as an interpreter or interpreter/model in any examination given by the Board of Barbering and Cosmetology 2 years prior to the date of signature on this application.
- I am at least 15 years of age.
- I am not or never have been any of the following:
- A student in any school of barbering, cosmetology, or electrology.
- A licensed apprentice, barber, cosmetologist, electrologist, cosmetology or barber instructor, junior operator, junior electrologist, electrology instructor, esthetician, or manicurist.
- An owner or employee of any school of barbering, cosmetology or electrology.
- I will not coach the applicant during any part of the examination.
- **I AM FLUENT IN ENGLISH AND THE NATIVE LANGUAGE OF THE APPLICANT.**
- I understand that the Board may tape record the interpreting of the written part of the examination.

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 Interpreter/Model		Date
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This form (H) will be returned to the applicant once approved by BBC. The applicant and interpreter must present the authorized form H, the exam admission letter, and valid identification to the exam site on the scheduled date.

FOR OFFICIAL BBC USE ONLY (DO NOT FILL OUT THIS SECTION)

<i>Official Seal with Picture</i>	AUTHORIZATION TO USE AN INTERPRETER OR INTERPRETER/MODEL	
	<i>Approved by the Board of Barbering and Cosmetology</i>	<i>Date</i>
<i>Type of ID</i>	<i>Number on ID</i>	



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)/INDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN) 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.