



(8030) REQUEST FOR CERTIFICATION APPLICATION \$10 Fee

Licensing Program
P.O. Box 944226
Sacramento, CA 94244-2260
Phone: (800) 952-5210
Email:
barbercosmo@dca.ca.gov
www.barbercosmo.ca.gov

Cashiering use only (8030)	Entity Number:	Receipt Number:	Amount: \$
INSTRUCTIONS			
<p>This form is to be completed and submitted when a California Licensee is requesting a copy of their license information be sent to another state. Applications for Certification Letter can also be submitted online at www.breeze.ca.gov. If you are requesting your license information to be sent to more than one state, you will need a separate application and fee for each request.</p> <p>The information on the letter includes your name, license type, license number, date of issuance, date of expiration, and if you were licensed by reciprocity. Information regarding when NIC exam were administered in California is also included.</p> <p>Letters are sent directly to the state requested and will not be sent to the licensee.</p>			
SECTION A: LICENSEE INFORMATION			
License Type:	<input type="checkbox"/> Barber	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Electrology <input type="checkbox"/> Esthetician
	<input type="checkbox"/> Hairstylist	<input type="checkbox"/> Manicurist	
License Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last 4 of SSN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Last Name	First Name	Middle Name	
Previous names that might be listed on license:			
Address		Apartment Number	
City	State	Zip Code	
SECTION B: CERTIFICATION INFORMATION			
Name state where letter will be delivered (one state only):			
SECTION C: CERTIFICATION			
<i>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.</i>			
Signature		Date	

INFORMATION COLLECTION, ACCESS AND DISCLOSURE

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

1625 North Market Blvd, Ste 202, Sacramento, CA 95834

INTERNET ADDRESS

www.barbercosmo.ca.gov

TELEPHONE NUMBER

(916) 574-7570

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) OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN) DISCLOSURE

Disclosure of your SSN or ITIN 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)] authorizes collection of your SSN or ITIN. Your SSN or ITIN 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 SSN or ITIN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

TAXPAYER INFORMATION

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.