



OUT-OF-STATE APPLICANT
SCHOOL TRAINING RECORD – FORM B\*

\*Complete this form only if you did not become licensed in the state in which you received your training.

INSTRUCTIONS

Mail this form to the school you received your training from. Request the school complete and return to you and submit this form along with your Application for Examination and Initial License Fee and other applicable documents to the address above.

SECTION A: APPLICANT INFORMATION

Form section for Applicant Information including Social Security Number, Date of Birth, Last Name, First Name, and Middle Name.

Note: Double check your address, and notify the Board of Barbering and Cosmetology (Board) immediately via email at barbercosmo@dca.ca.gov if your address changes. Government mail is not forwarded.

Form section for Address including Address, Apartment #, City, State, and Zip Code.

SECTION B: SCHOOL INFORMATION

Form section for School Information including School Name, School Telephone Number, Address, City, State, Zip Code, School Licensing Agency, License Number, License Expiration Date, School Representative Name, and School Representative Phone Number and Email Address.

Form section for Student's Training Information (check and complete all that apply) including Barber, Cosmetologist, Electrologist, Esthetician, and Manicurist with fields for Total Hours Completed, Enrollment Date, and Completion/Withdrawal Date.

SECTION C: SCHOOL REPRESENTATIVE AND APPLICANT CERTIFICATION

I certify that I have read and understand the laws and regulations pertaining to this 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 form are true and accurate.

Form section for Certification including Signature of School Representative, Date, Signature of Applicant, and Date.



**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](http://www.barbercosmo.ca.gov)



## **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**

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

### **INTERNET ADDRESS**

[www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)

### **TELEPHONE AND FAX NUMBERS**

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

### **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.