



# APPLICATION FOR RE-EXAMINATION\* \$75.00 (non-refundable)

\*For previously licensed applicants, you must submit an Application for Examination and Initial License Fee.

<b>Cashiering Use Only:</b> <b>1016</b>	Entity #	Receipt #	Amount \$
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**TYPE OF LICENSE YOU ARE APPLYING FOR (choose one):**

BARBER   
  COSMETOLOGIST   
  ESTHETICIAN   
  MANICURIST   
  ELECTROLOGIST

**SECTION A: APPLICANT INFORMATION** (if you have had a name change, you must submit a Notification of Name Change)

Social Security Number or Individual Taxpayer Identification 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 (must be at least 17 years old) <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
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Last Name (print clearly)	First Name	Middle Name
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Address (this is the address where your scheduling letter will be mailed)	Apartment # (if applicable)
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City	State	Zip Code
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Telephone 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"/> <input type="text"/>	E-mail Address (not required)
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**SECTION B: EXAM INFORMATION**

<b>Examination Type</b> <input type="checkbox"/> Written & Practical <input type="checkbox"/> * Practical Only <input type="checkbox"/> * Written Only If taking the practical exam, and there is an upcoming date you cannot take the exam, the Board will schedule you after that date. Please schedule me after this date: _____	<b>Exam Location</b> <input type="checkbox"/> North (Fairfield) <input type="checkbox"/> South (Glendale)	<b>Exam Language Preference</b> <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Korean These examinations are translated into the most universal or neutral version of each language to be acceptable to the widest possible audience.
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\*You must take both parts of the examination if more than one year has passed since you passed one part of the examination.

<b>Interpreter:</b> If you do not speak and read one of the language preferences above, attach a completed Interpreter or Interpreter/Model Forms G & H with this application.	<b>Reasonable Accommodation:</b> If you require a reasonable accommodation to take the exam, attach a completed Request for Reasonable Accommodation form with this application.
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**SECTION C: BACKGROUND INFORMATION**

- Since you last applied have you 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?  No  Yes **If yes**, please complete the Disclosure Statement Regarding Criminal Pleas/Convictions form with this application. If needed, the Board will send you a letter requesting additional information.
- Since you last applied have you had any professional or vocational license or application 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**, please complete the Disclosure Statement Regarding Disciplinary Action form with this application. If needed, the Board will send you a letter requesting additional information.

**SECTION D: APPLICANT CERTIFICATION**

I certify that I have read and understand the information, **Know Your Workers' Rights**, provided by the California Board of Barbering and Cosmetology. 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 application are true and accurate.

Signature of Applicant	Date
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**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.