



**BOARD OF BARBERING AND COSMETOLOGY**  
**P.O. BOX 944226**  
**SACRAMENTO, CA 94244-2260**  
**INFORMATION: (916) 574-7570**  
**www.barbercosmo.ca.gov**



**OUT-OF-STATE APPLICANT  
 LICENSE CERTIFICATION FOR EXAMINATION - FORM A**

**Instructions to the Applicant:**

- Complete the Applicant information.
- Mail this form to the state in which you are licensed. The other state's licensing board must complete the section marked "To Be Completed By The Licensing Agency Issuing Previous License".
- Request the licensing agency to return this form or their licensing certification letter directly to this Board.
- The certification of licensure **MUST** come from the other licensing agency.

**(Please type or print legibly in ink)**

Applicant's Full Name <small>(First, Middle, Last)</small>				
Residence Address:		Street and Number	City	State      Zip Code
Birthdate (mm/dd/yy)		Social Security Number*		Phone Number  (      )
<b>E D U C A T I O N</b>	Circle the Highest Grade You Completed in K-12 Education  1   2   3   4   5   6   7   8   9   10   11   12			Date Completed
	Name and Address of School in Which You Completed the Grade Indicated			
	Name Used on School Records			

**TO BE COMPLETED BY THE LICENSING AGENCY ISSUING PREVIOUS LICENSE:**

LICENSE TYPE	LICENSE NUMBER ISSUED	DATE ORIGINALLY ISSUED	EXPIRATION DATE:
TOTAL HOURS OF SCHOOLING	TEMPORARY LICENSE ISSUED <input type="checkbox"/> NO <input type="checkbox"/> YES	If Yes, FROM _____	TO _____

By signing below, the undersigned certifies that the above named applicant's license is in good standing, and that no disciplinary charges have been taken or are pending against said licensee.

**PLEASE MAIL THIS FORM WITH ORIGINAL SIGNATURE.  
 FAXED OR PHOTOCOPIES WILL NOT BE ACCEPTED.**



State \_\_\_\_\_  
 Official Signature \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

\* MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS  
 Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN 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. If you fail to disclose your SSN your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



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

**Instructions to the Applicant:**

- Complete this form **only** if you did not become licensed in the state in which you received your training.
- Complete the section marked “To Be Completed By Applicant Only”.
- Mail this form to the school you attended. The school must complete the section marked “To Be Completed By School Only”. If the school is closed, the records may have been transferred to a state agency. In that instance, the state agency may complete this section.
- Request the school to return this form to you. Submit it along with your Application for Examination, the appropriate fee, and other applicable documents to the Board.
- Please mail this form with original signature; faxed or photocopies will not be accepted

<b>To Be Completed By Applicant Only (Please type or print legibly in ink)</b>		
Name (First, Middle, Last)		
Address Street and Number		City State Zip Code
Birthdate (mm/dd/yy)	Social Security Number* -- --	Telephone Number ( )
<b>To Be Completed By School Only (Please type or print legibly in ink)</b>		
Name of School		
Address Street and Number		City State Zip Code
School License Number	License Expiration Date	Telephone Number ( )
<b>Student's Training Information</b>		
1. Training category (check <u>all applicable</u> boxes): <ul style="list-style-type: none"> <li><input type="checkbox"/> Barbering</li> <li><input type="checkbox"/> Cosmetology</li> <li><input type="checkbox"/> Electrology</li> <li><input type="checkbox"/> Esthetics (Skin Care <u>only</u>)</li> <li><input type="checkbox"/> Manicuring (Nail Care <u>only</u>)</li> </ul>		
2. Total hours completed: _____ 3. Enrollment Date: _____ 4. Completion/Withdrawal Date: _____		
Attach a worksheet if possible that shows the number of hours completed in each subject area as required in Title 16 R&R 910 (a) (2).		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
X _____ Authorized Signature for School		_____ Date
_____ Printed Name		_____ Title
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**OUT-OF STATE APPLICANT  
 AFFIDAVIT OF EXPERIENCE - FORM C**

**Instructions to the Applicant:**

- Provide this form to a disinterested individual who can verify your experience and **have that individual return it to you when completed.** A disinterested individual can be an employer, employee, or client who can attest to your licensed experience. The individual must complete the portion marked "To Be Completed by Disinterested Individual Only." **Only licensed work experience will be considered.**
- Complete the portion marked "To Be Completed by Applicant Only".
- Submit this form along with your Application for Examination, the appropriate fee, and other applicable documents to the Board. If you send Form C to more than one individual, you must include **all** completed forms with your application package. **PLEASE MAIL THIS FORM WITH ORIGINAL SIGNATURE. FAXED OR PHOTOCOPIES WILL NOT BE ACCEPTED.**

<b>To Be Completed By Applicant Only (Please type or print legibly in ink)</b>				
Name (First, Middle, Last)				
Address Street and Number		City	State	Zip Code
Birthdate (mm/dd/yy)	Social Security Number* -- --		Telephone Number ( )	
<b>To Be Completed By Disinterested Individual Only (Please type or print legibly in ink)</b>				
Name			Telephone Number ( )	
Address Street and Number		City	State	Zip Code
The applicant listed above has performed the following type of work at the specified location during the time period indicated below:				
Name of Establishment/Business where experience was acquired			Telephone Number ( )	
Address of Establishment/Business		City	State	Zip Code
Type of Work (check <b>all</b> applicable boxes)				
<input type="checkbox"/> Cosmetology <input type="checkbox"/> Barbering <input type="checkbox"/> Electrology <input type="checkbox"/> Skin Care <input type="checkbox"/> Nail Care				
Time Period (when experience was acquired)				
From (date): _____ to (date): _____				
<i>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i>				
X _____ Signature of Disinterested Individual			_____ Date	

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**OUT-OF-COUNTRY APPLICANT  
 OUTSIDE EVALUATION - FORM E**
**Instructions to the Applicant:**

- Contact one of the three Board-approved evaluation services listed below at the telephone number indicated.
- Ask the evaluation service for a **general evaluation**.
- Complete the general evaluation application form and send it to the evaluation services with any additional information or fees they request. **Do not send the general evaluation application form or the evaluation fees to the Board.**
- Upon completion of your general evaluation, the evaluation service will send the report directly to the Board and will forward a copy to you for your records.
- Send this form to the Board with your application for examination, appropriate exam fee, and any other required information.

(Please type or print legibly in ink)

Applicant's Full Name (First, Middle, Last)				
Address: Street and Number		City	State	Zip Code
Birthdate (mm/dd/yy)	Social Security Number*	Telephone Number ( )		
Name of Evaluation Service			Telephone Number ( )	
Address: Street and Number		City	State	Zip Code
<p>* MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS          Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN 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. If you fail to disclose your SSN your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.</p>				

**BOARD APPROVED EVALUATION SERVICES**

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  
 Website: www.ierf.org

Span Tran Educational Services, Inc.  
 7211 Regency Square Blvd., #205  
 Houston, TX 77036  
 Telephone: (713) 266-8805  
 Website: 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  
 Website: www.ece.org

**The general evaluation application form can be downloaded from any of the above websites.**