



## APPLICATION FOR RE-EXAMINATION

ATS ID Number (For official use only)
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Check one box for type of license to which you are applying				
<input type="checkbox"/> <b>C</b> osmetology \$75.00	<input type="checkbox"/> <b>B</b> arber \$75.00	<input type="checkbox"/> <b>E</b> lectrologist \$75.00	<input type="checkbox"/> <b>M</b> anicurist \$75.00	<input type="checkbox"/> <b>E</b> sthetician \$75.00

### SECTION A: APPLICANT INFORMATION

Social Security Number				Date of Birth											
□	□	□	-	□	□	-	□	□	□	□	□	□	□	□	□
				Month		Day		Year							
Last Name				First Name				Middle Name							
Address				City				State		Zip Code					
Telephone Number (     )				Has your name changed since your last application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please submit a name change form with this application.											

### SECTION B: EXAM QUESTIONS

<b>Examination Type:</b> <input type="checkbox"/> Written & Practical <input type="checkbox"/> * Practical Only <input type="checkbox"/> * Written Only	<b>*Date you last took this exam?</b>
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**\*You are required to take both parts of examination if more than a year has passed since you passed one part of the examination.**

<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	<b>Do you require special accommodations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please complete the request for reasonable accommodation form with all supporting documentation and attach to this application.
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**Do you need an interpreter or interpreter/Model?**  Yes     No

If yes, please complete the interpreter forms G & H and attach to this application.

**Since your last application 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?** Yes     No

If yes, please attach an explanation that includes the type of violation, date, circumstances and location, and the complete penalty received.

**Since your last application have you had any professional or vocational license or registration 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?** Yes     No

If yes, please attach an explanation that includes license type, action, and company name (if applicable), year of action and state.

### SECTION C: APPLICANT CERTIFICATION

*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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State and Consumer Services Agency – Governor Edmund G. Brown Jr.



**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

### **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) 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.

### **AB 1424**

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.