



UPDATE SCHOOL CONTACT INFORMATION

THIS FORM MAY ONLY BE USED IF YOU ARE AN APPROVED SCHOOL WITH THE BOARD OF BARBERING AND COSMETOLOGY. SECTION C IS THE ONLY INFORMATION YOU CAN UPDATE/CHANGE WITH THIS FORM.

SECTION A: SCHOOL INFORMATION			
School Name	School Telephone Number	School Code	
School Address	City	Zip Code	
SECTION B: OWNER INFORMATION			
<input type="checkbox"/> Individual	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation/LLC Name:
Owner Name:	Owner Name:		
Owner Name:	Owner Name:		
SECTION C: SCHOOL CONTACT INFORMATION			
School Contact Name	Title	Phone Number	Email Address
School Contact Name	Title	Phone Number	Email Address
School Contact Name	Title	Phone Number	Email Address
School Contact Name	Title	Phone Number	Email Address
SECTION D: CERTIFICATION			
I certify under penalty of perjury under the laws of the State of California that the information provided on this form are true and correct to the best of my knowledge.			
X _____ Signature	Date	X _____ Signature	Date
Printed Name and Title	Printed Name and Title		