



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
 DEPARTMENT OF CONSUMER AFFAIRS • BOARD OF BARBERING AND COSMETOLOGY  
 P.O. Box 944226, Sacramento, CA 94244-2260  
 Phone : (916) 574-7574 Email: [barbercosmo@dca.ca.gov](mailto:barbercosmo@dca.ca.gov)  
 Website: [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)



## EXPERT CONSULTANT APPLICATION

<b>SECTION A: APPLICANT INFORMATION</b>			
Last Name	First Name	Middle Name	
Business Address	City	State	Zip Code
Home Address	City	State	Zip Code
Home Phone Number	Alternate Phone Number (work or cell)		
Email Address			
License Type	License Number	Issue Date	
License Type	License Number	Issue Date	
<b>SECTION B: AREA OF EXPERTISE</b> (check all that apply)			
<input type="checkbox"/> Waxing	<input type="checkbox"/> Eyelash Extensions/Tinting	<input type="checkbox"/> Keratin Treatments	
<input type="checkbox"/> Bikini /Brazilian Wax	<input type="checkbox"/> Facials/Peels	<input type="checkbox"/> Hair Color	
<input type="checkbox"/> Perms/Relaxers	<input type="checkbox"/> Manicures/Pedicures	<input type="checkbox"/> African American Hair	
<b>SECTION C: EDUCATION</b>			
Name of School Attended			Date Graduated
Please list all Continuing Education Classes you attended and the dates that are applicable to your area of expertise.			
<b>Class</b>	<b>Provider</b>	<b>Dates</b>	
<b>SECTION D: QUALIFICATIONS</b> (attach additional pages as needed)			
Why do you feel you are qualified to be an expert consultant and what contributions can you bring to the program?			

**SECTION E: REFERENCES**

Name	Phone Number	Occupation

**SECTION F: CERTIFICATION**

Have you ever been convicted of, or pled no contest to, a violation of any law of the United States, any state or local jurisdiction, or any foreign country?  No  Yes

**If yes, attach an explanation.**

Have you ever 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?  No  Yes

**If yes, attach an explanation that includes the license type, the action taken, by what state and agency, and the date. Also include a copy of any administrative action, and if applicable, copies of arrest records, court documents, verification of restitution received by the court, and verification of successful completion any terms ordered by the court and completion of probation.**

*I hereby 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.*

*Further, I certify that I have read and understand the disclaimer listed below.*

Signature of Applicant	Date

**Disclaimer:** Licensees are prohibited from making any claim or any advertisement in which they represent themselves as being affiliated in any way with the Board of Barbering and Cosmetology. Licensees shall not represent themselves as being an expert, or Board “expert”, hold themselves out as holding any credential, or use any designation based on their participation in the Expert Consultant Program. By signing this application you indicate that you understand the prohibitions concerning Board affiliation and advertising.

**Instructions:**

Please mail in your completed application to the address listed on the front of the application to Jennifer Porcalla’s attention.

Please include the following with your completed application.

- A copy of your current resume
- Two professional reference letters
- Copies of any certifications or certificates you have received in your area of expertise
- Sample of a document you have composed and written

The Board will only consider applications that are completely filled out.

If you have any questions you can email them to [Jennifer.porcalla@dca.ca.gov](mailto:Jennifer.porcalla@dca.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.