



REQUEST FOR DUPLICATE LICENSE

(\$10.00 NON-REFUNDABLE FEE)

Cashiering Use Only: 8001	Entity #	Receipt #	Amount \$
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INSTRUCTIONS

Mail this form and a check or money order (do not send cash) to the address above payable to the Board of Barbering and Cosmetology (incomplete forms will not be processed).

SECTION A: LICENSEE INFORMATION

LICENSE TYPE (Choose One):

- Barber (1001)
- Cosmetologist (1002)
- Electrologist (1003)
- Esthetician (1004)
- Manicurist (1005)
- Establishment (1007)

LICENSE NUMBER:

Letter(s):

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Numbers:

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Last Name (for individual license replacement)	First Name	Middle Name
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Establishment Name (for establishment license replacement)

If your address has changed, please fill out the information below:

Previous Street Address	City	State	Zip Code
Current Street Address	City	State	Zip Code

Telephone Number <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				-				-				E-mail Address
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SECTION B: REPLACEMENT INFORMATION

I hereby request a replacement license for the following reason:

- My license was lost, stolen, or destroyed.
- My license has been damaged to such an extent that it is no longer usable.
- I did not receive my renewal license in the mail.

Explanation of circumstances: _____

SECTION C: APPLICANT CERTIFICATION

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	Date
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*** Please email the Board at barbercosmo@dca.ca.gov with any questions regarding this request.**



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

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.