



DEPARTMENT OF CONSUMER AFFAIRS • BOARD OF BARBERING AND COSMETOLOGY
P.O. Box 944226, Sacramento, CA 94244-2260
Phone: (800) 952-5210 Email: barbercosmo@dca.ca.gov
Website: www.barbercosmo.ca.gov



REQUEST FOR CERTIFICATION OF A CALIFORNIA LICENSE
AND NON- REFUNDABLE \$10.00 FEE

If you are requesting a certification for more than one State, you must submit a separate request and fee for each State.
Please allow up to 7 weeks for the certification request to be processed and sent to the State you requested below.
Certification requests can be submitted online at http://www.breeze.ca.gov and will reduce the processing time by 2 weeks.
For Breeze Online Instructions visit the Board's website under Frequently Asked Questions under Quick Hits.

SECTION A: LICENSEE INFORMATION (incomplete forms will not be processed)

License Type: Cosmetologist, Barber, Electrologist, Manicurist, Esthetician
License Number: Letter(s), Numbers

Last 4 digits of your Social Security Number or Individual Taxpayer Identification Number
Date of Birth: Month, Day, Year

Last Name, First Name, Middle Name

If your address has changed do you want the Board to update our records with your current address? Yes No

Current Address, City, State, Zip Code

Phone Number, Email Address (not required)

SECTION B: CERTIFICATION INFORMATION

Name the State where you want your California Letter of Certification mailed (SPECIFY ONE STATE ONLY):

If your license has expired or been cancelled, please include additional information which may help us to locate your records (i.e. year licensed, category of license, or other names used). If the Board is unable to locate your records your fee will not be refunded.

SECTION C: LICENSEE 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