



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: (800) 952-5210 Email: barbercosmo@dca.ca.gov
 Website: www.barbercosmo.ca.gov



Disclosure Statement Regarding Criminal Pleas/Convictions

Failure to report a plea/conviction is considered falsification of the application and may result in the denial or revocation of licensure.

APPLICANT INFORMATION (incomplete forms will delay the processing of your application)			
Last Name	First Name	Middle Name	
Telephone Number <div style="display: flex; justify-content: space-between;"> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>		E-mail Address (not required)	
Social Security Number or Individual Taxpayer Identification Number <div style="display: flex; justify-content: space-between;"> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>		Date of Birth (must be at least 17 years old) <div style="display: flex; justify-content: space-between;"> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>	
CONVICTION INFORMATION (please complete one form for each plea or conviction, regardless of when the crime was committed)			
Arresting Agency	Plea/Conviction Date	Court Case/Docket Number	
Court Name and Location:		Violation Code(s):	
Sentence: (Please describe any Punishment imposed by the court)			
Incarceration Date	Release Date	Probation/Parole Date	Release Date
Details of Crime: Please provide details of this crime, including a complete description of the facts and circumstances that led to your conviction. You should include who participated in the crime, who the victim was; what losses were suffered; and when, where and how the crime occurred. Attach additional pages as needed.			
Explanation of Crime: Please explain why you committed this crime: Attach additional pages as needed.			
Rehabilitation Efforts: What positive changes have you made in your life since this conviction? Please attach documentation to support the rehabilitation efforts. Attach additional pages as needed.			
<i>I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this form are true and accurate to the best of my knowledge.</i>			
Signature of Applicant			Date
FOR OFFICIAL USE ONLY			
Date Sent to Enforcement	Return To	Enforcement Approval <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	Date Approved