BusinessCosmo
Board of Barbering & Cosmetology

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

(1003) ELECTROLOGIST PRE-APPLICATION FOR EXAMINATION AND INITIAL LICENSE FEE $134.00 (non-refundable)

Students with out-of-state/country hours and students transferring hours from one course of instruction to another are not eligible to pre-apply.

Cashiering Use Only: 1010	Entity #	Receipt #	Amount $

SECTION A: APPLICANT INFORMATION

Attach a copy of your government-issued photographic identification.
NOTE: The name on the identification and the name entered on this application must match to gain admission to the examination.

Social Security Number or Individual Taxpayer Identification Number
___ - __ - ____

Date of Birth (must be at least 17 years old)
__ - __ - ____
Month Day Year

Last Name (print clearly) | First Name | Middle Name

Note: Double check your address, and notify the Board of Barbering and Cosmetology (Board) immediately via email at barbercosmo@dca.ca.gov if your address changes. Government mail is not forwarded.

Address (this is the address where your scheduling letter will be mailed) | **Apartment #** (if applicable)

City | State | Zip Code

Telephone Number
___ - ___ - ____

E-mail Address

SECTION B: SCHOOL/GRADUATION INFORMATION

School Name | School Code

*Date Applicant Started Training at this School
__ - __ - ____
Month Day Year

Date Completed 75% of Required Hours
__ - __ - ____
Month Day Year

**Anticipated Date of Graduation
__ - __ - ____
Month Day Year

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Number of Hours Completed to Date

*If hours were completed at any other school, please attach the Proof of Training Document(s) (POT) from the previous school(s).
**Please make sure the anticipated graduation date can be achieved as students must complete all hours required to take an exam.

SECTION C: EXAM INFORMATION

Exam Location

☐ **North (Fairfield)**
☐ **South (Glendale)**

Exam Language Preference

☐ English ☐ Vietnamese ☐ Spanish ☐ Korean

These examinations are translated into the most universal or neutral version of each language to be acceptable to the widest possible audience.

Interpreter: If you do not speak and read one of the language preferences above, attach a completed Interpreter or Interpreter/ Model Forms G & H with this application.

Reasonable Accommodation: If you require a reasonable accommodation to take the exam, attach a completed Request for Reasonable Accommodation form with this application.

NOTE: Once you have been scheduled to take the practical portion of the exam, the practical exam date cannot be changed. If you cannot take your practical exam on the scheduled date, you must submit an Application for Re-Examination and pay the required fee. If there is an upcoming date you cannot take the exam, the Board will schedule you after that date.

Please schedule me after this date: _____

SECTION D: BACKGROUND INFORMATION

1. Have you ever been convicted of or pled no contest to, a violation of any law of the United States, in any state, local jurisdiction, or any foreign country? ☐ No ☐ Yes **If yes**, please complete the Disclosure Statement Regarding Criminal Pleas/Convictions form with this application. If needed, the Board will send you a letter requesting additional information.

2. Have you ever had any professional or vocational license or application 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**, please complete the Disclosure Statement Regarding Disciplinary Action form with this application. If needed, the Board will send you a letter requesting additional information.

3. Do you hold any license(s) with the California Board of Barbering and Cosmetology? ☐ No ☐ Yes **If yes**, License Number(s)_____. If the name on your other license(s) does not match the name on this application, please submit a Notification of Name Change form with the required documentation with this application.

4. Have you served, or are you currently serving, in the military? ☐ No ☐ Yes

5. Have you completed the 12th grade in a public school or its equivalency? ☐ No ☐ Yes **If no, you cannot proceed.**

6. (Optional) What is your spoken and written language preference? _____

SECTION E: APPLICANT/SCHOOL CERTIFICATION

*I certify that I have read and understand the information, **Know Your Workers' Rights**, provided by the California Board of Barbering and Cosmetology. 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 of Student	*Date*
Signature of Authorized School Representative	*Date*
Printed name of Authorized School Representative	*Title*
School Representative Email Address	*Phone Number*

I have read and understand the following:

Pre-applicants cannot take the exam before they have completed all the required hours for an examination. Please have all pre-applicants bring their original POT in a sealed envelope with them to the examination site. Pre-applicants will not be admitted to the exam without having a POT in hand. Schools should email the Board immediately at barbercosmo@dca.ca.gov if a student will not complete the required hours in time to take their exam on their anticipated date, and include the new anticipated date of completion. If the Board is notified **before** the student is scheduled for the exam (6 weeks prior to their exam date), the Board will change the anticipated date. If the Board is notified **after** the applicant has been scheduled, the applicant will need to submit an Application for Re-Examination and pay all required fees after they have completed the required hours.

School Representative Initial _____ Applicant Initial _____

Important Information

- Double check your address (notify the Board immediately via email* if your address changes at any time).
- Double check your exam location and exam language (notify the Board immediately via email* if not correct).
- Include a copy of your valid government issued photo ID (the name on the ID must match the name on this application).
- Pay by check (it will help you track your application status).
- If you have any questions about the status of your application, please first verify your check has been cashed. Your school should receive the notification form from the Board with your anticipated date within 4 weeks after your check has been cashed.
- If you do not receive your admission letter within 3 weeks of your anticipated date, please email* the Board.
- If you require an interpreter or interpreter/model, complete and attach an Application to use an Interpreter or Interpreter/Model, Forms G & H.
- If you need a reasonable accommodation, complete and attach a Request for Reasonable Accommodation form.
- **All forms and applications referenced in this application can be found on the Board's website at www.barbercosmo.ca.gov under "Forms/Pubs".**

*Email the Board at barbercosmo@dca.ca.gov with any questions about this application or the status of your application.

NOTIFICATION AND RETURN PRE-APPLICATION FORM

PROOF OF TRAINING DOCUMENT(S) (POT)

Please make sure your school provides you with your POT(s) upon completion of the required hours. If you need to re-apply attach a copy of your POT(s) to your Application for Re-Examination to avoid delay.

SELF ADDRESSED STAMPED # 10 ENVELOPE

INCLUDE A SELF ADDRESSED STAMPED #10 ENVELOPE ADDRESSED TO THE SCHOOL WITH THIS APPLICATION. THE BOARD WILL RETURN THIS PAGE WITH THE ANTICIPATED DATE.

STUDENT INFORMATION

Social Security Number	Date of Birth (Must be at least 17 years old)
☐☐☐ - ☐☐ - ☐☐☐☐	☐☐ - ☐☐ - ☐☐☐☐ (Month Day Year)

Last Name	First Name	Middle Name

Address	City	Zip Code

SCHOOL INFORMATION

School Name	School Code	School Phone Number
	☐☐☐☐☐	

Address	City	Zip

School Contact Person for this Application	Contact Email Address and Phone Number

Pre-applicants cannot take the exam before they have completed the required hours for the examination and receive a POT. Please email the Board immediately at barbercosmo@dca.ca.gov if a student will not complete the required hours in time to take their exam on their anticipated date, and include the new anticipated date of completion. If the Board is notified **before** the student is scheduled for the exam (6 weeks prior to their exam date), the Board will change the anticipated date. If the Board is notified **after** the applicant has been scheduled, the applicant will need to submit an Application for Re-Examination and pay all required fees after they have completed the required hours.

FOR OFFICIAL BBC USE ONLY (DO NOT FILL OUT THIS SECTION)

Exam Location	Anticipated Examination Date
☐ **North (Fairfield)** ☐ **South (Glendale)**	☐☐ - ☐☐ - ☐☐☐☐ (Month Day Year)

Important Information

- Please note this date is an **anticipated date** and is subject to change.
- If you **do not** receive a scheduling letter within 3 weeks of the anticipated date, please email* the Board and include your name, social security number, and anticipated exam date in the email with the anticipated exam date in the subject line of the email.
- If you receive your scheduling letter and you were scheduled at the wrong location, please email* the Board immediately.
- If your scheduling letter has the incorrect language, please call PSI at 1-877-392-6422 at least 3 days prior to your exam date to change the language of your exam.
- Once the Board has scheduled you to take the practical portion of the exam, the practical exam date cannot be changed. If you cannot take your practical exam on the scheduled date, you must submit an Application for Re-Examination and pay the required fee. You can change your written exam date as long as you call PSI at 1-877-392-6422 at least 3 days prior to your scheduled written exam date.

*Email the Board at barbercosmo@dca.ca.gov with any questions about this application or the status of your application.

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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.