



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](mailto:barbercosmo@dca.ca.gov)  
 Website: [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)



## (1004) ESTHETICIAN APPLICATION FOR EXAMINATION AND INITIAL LICENSE FEE\* \$115.00 (non-refundable)

\*If you are applying as a spouse or registered domestic partner of an active military member (Section E(5)) or have served as an active duty member and have been honorably discharged from the United States Armed Forces (Section E(6), please check this box

<b>Cashiering Use Only:</b> <b>1015</b>	Entity #	Receipt #	Amount \$
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**I qualify for the examination as a (See Section D) (choose one):**

California Student     
  Out of State     
  Out of Country     
  Previously Licensed

**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 <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"/> <input type="text"/>	Date of Birth (must be at least 17 years old) <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 style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	
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](mailto: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 <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"/>	E-mail Address
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**SECTION B: SCHOOL/GRADUATION INFORMATION (California Students Only)\***

School Name	School Phone Number
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Date you <b>Started</b> Training at this School <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 style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	Date you <b>Completed</b> Training at this School <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 style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	Total Hours Completed <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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\*Attach your Proof of Training Document(s) (except previously licensed – see section D) or for apprentices your Certificate of Completion.

**SECTION C: EXAM INFORMATION**

<b>Exam Location</b> <input type="checkbox"/> North (Fairfield) <input type="checkbox"/> South (Glendale)	<b>Exam Language Preference</b> <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Korean  These examinations are translated into the most universal or neutral version of each language to be acceptable to the widest possible audience.
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<b>Interpreter:</b> 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.	<b>Reasonable Accommodation:</b> If you require a reasonable accommodation to take the exam, attach a completed Request for Reasonable Accommodation form with this application.
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**NOTE:** 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. 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: QUALIFICATIONS (choose one)****California Students**

I completed the required hours from a California Board approved school(s) and attached the Proof of Training Document(s).

I previously held a license in the State of California that was cancelled. License Number: \_\_\_\_\_  
Name as it appeared on the previous license: \_\_\_\_\_

**Military Training**

I completed comparable military training and have attached my Verification of Military Experience and Training records.

**Out of State Applicants**

I studied in another state and did not receive a license. I am submitting an Out-of-State Applicant School Training Record – Form B and transcripts with this application to the Board.

I hold a current (or expired) license in another state. The current license has been active for **less than 3 years**. I requested the other state to send a Certification of Licensure\* **directly** to the Board.  
**State Name** \_\_\_\_\_ **License Type** \_\_\_\_\_ **License #** \_\_\_\_\_  
\* **Washington** state applicants are not required to submit a Certification of Licensure (attach a copy of your license).

**Out of Country Applicants**

I attended school and/or held a license in another country.  
**Country** \_\_\_\_\_ **License Type** \_\_\_\_\_ **License #** \_\_\_\_\_  
The Board will be requesting additional information to verify the education you received meets the Board's requirements.

**Reciprocity Applicants**

If you hold a current license in another state and have held that license for at least 3 years, please see Reciprocity information on page 4.

**SECTION E: 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?  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. Are you a spouse or registered domestic partner of an active military member and are requesting this application be expedited?  No  Yes **If yes**, attach a copy of your certificate of marriage or domestic partnership, and a copy of your spouse's or registered domestic partner's current military ID and verification of their active duty status.

6. Have you served as an active military member and have been honorably discharged from the United States Armed Forces and are requesting this application be expedited?  No  Yes **If yes**, attach a your discharge papers.

7. Have you completed the 10th grade in a public school or its equivalency?  No  Yes **If no, you cannot proceed.**

8. (Optional) What is your spoken and written language preference? \_\_\_\_\_

**SECTION F: APPLICANT 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

Date

# APPLICATION FOR EXAMINATION INSTRUCTIONS

## QUALIFICATIONS

Qualifications to take the Board's exams:

- Be at least 17 years of age.
- Has completed the 10th grade in a public school or its equivalency (12th grade for electrology applicants).
- Has committed no acts or crimes constituting grounds for denial of licensure under Section 480 of the Business and Professions Code.
- Has completed the following hours in a Board approved school or has completed a 3200 hour apprentice program:

Cosmetologist 1600 Hours	Esthetician 600 Hours	Manicurist 400 Hours	Barber 1500 Hours	Electrologist 600 Hours
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## PROOF OF TRAINING DOCUMENT

First time applications for examination (excluding pre-applications), where the applicant received training from a California Board approved school must submit a Proof of Training Document. Please do not send your diploma or transcripts.

## LOCATION PREFERENCE

Indicate whether you wish to take your examination at either the Board's Glendale or Fairfield examination site.

## LANGUAGE PREFERENCE

Indicate the language you would like to take your examination. All written examinations and practical instructions are offered in English, Spanish, Korean and Vietnamese. Please note: These examinations are translated into the most universal or neutral version of each language to be acceptable to the widest possible audience.

## REASONABLE ACCOMMODATION

The Board provides reasonable accommodations for applicants with learning or physical disabilities that will affect their ability to take the required licensing examinations. Applicants requiring a reasonable accommodation must complete a Request for Reasonable Accommodation form and all supporting documentation with this application. This form must be completed by a medical professional and returned to the Board with any necessary medical documentation for approval before an examination date can be scheduled. If you wish to provide your own reader for the exam, please complete an Application to use an Interpreter or Interpreter/Model Forms G & H with this application and two identical 1 1/2" x 1 1/2" photos.

## INTERPRETER OR INTERPRETER/MODEL

The Board allows for use of an interpreter or interpreter/model. Each applicant must have prior authorization from the Board to use an interpreter or interpreter/model during the examination. The applicant must complete an Application to use an Interpreter or Interpreter/Model Forms G & H with this application. Indicate if you will be using an interpreter (for the written exam) or an interpreter/model (for both the written and practical exams) and indicate your native language. The interpreter or interpreter/model must complete Interpreter or Interpreter/Model Form H and provide two identical 1 1/2" x 1 1/2" photos, signed on the back by the interpreter or interpreter/model. Both forms must be submitted with the application for examination. Note: An interpreter/model can only be used for the Barber or Electrology practical exams. However, an interpreter may be used for both parts of the examination for the Cosmetology, Esthetician, or Manicurist if you qualify for the use of an interpreter.

You cannot change interpreters or interpreter/models unless a new application and photographs are received and approved by the Board at least 15 days prior to your scheduled examination date. Please refer to "Interpreter or Interpreter/Model Instructions" to determine if you meet the qualifications for use of an interpreter or interpreter/model.

## OUT OF STATE

If you hold a license in another state, request that state send a Certification of Licensure **directly** to the Board. If you are licensed in more than one state, you may elect to submit a certification request to one or all of the states of your choice. Should your certification arrive at the Board before your application, it will be kept on file for one year. Please note some states charge a fee to certify your license, and you are responsible for the incurred expense. California requires the following hours of training: Barber= 1,500 Cosmetology= 1,600 Esthetician= 600 Manicurist= 400 Electrology= 600

If you don't meet the hours of training required for California, you must submit an Out-of-State Applicant Affidavit of Experience – Form C to the Board along with your Application for Examination, appropriate fee, and other required documents. Each 3 months of licensed practice shall be deemed the equivalent of 100 hours of training for exam qualification.

If you never received a license, but studied in another state, submit an Out-of-State Applicant School Training Record – Form B and transcripts to the Board along with your Application for Examination, appropriate fee, and other required documents. If your out of state school hours are insufficient, you may complete additional training at an out of state or California Board approved school.

## RECIPROCITY

The Board shall grant a license without an examination to an out of state applicant if the applicant submits and verifies all of the following to the Board:

- (a) A completed application form and all fees required by the Board.
- (b) Proof of a **current** license issued by another state to practice that meets all of the following requirements:
  - (1) It is not revoked, suspended, or otherwise restricted.
  - (2) It is in good standing.
  - (3) It has been active for 3 of the last 5 years, during which time the applicant has not been subject to disciplinary action or a criminal conviction.

**TO APPLY FOR RECIPROCITY, YOU MUST COMPLETE THE APPLICATION FOR RECIPROCITY & INITIAL LICENSE FEE. RECIPROCITY CANDIDATES ARE SUBJECT TO ONLY THE LICENSE FEE AS NO EXAMINATION FEE IS REQUIRED (please be advised the reciprocity license fee is only refundable if the applicant is ineligible for that license type and you choose not to apply the fee to a different license type or towards the exam fee). **Florida Full, Facial, and Nail Specialist licenses do not qualify for Reciprocity.****

## HELPFUL APPLICATION HINTS

- Make sure your application is completely filled out. Incomplete application will be returned to you and will delay in the processing of your application and the scheduling of your examination.
- Double check your address (please 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 (this helps the Board verify your name and address).
- 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. Please allow 12 weeks before inquiring about the status of your application after your check has been cashed.
- 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.

## EXAMINATION INFORMATION

- It takes between 2 and 8 weeks for your application to be approved and for you to receive an admission letter.
- Your exam will be scheduled 25 to 40 days after you get your admission letter.
- Once you have been scheduled to take the practical portion of the exam, the practical exam date cannot be changed.
- If you do not hear from the Board within 3 months of submitting your application please email\* the Board regarding the status of your application.
- Notify the Board via email\* if you need to update your address after you submit your application.
- The Board's rules and regulations can be downloaded from [http://www.barbercosmo.ca.gov/laws\\_regs/index.shtml](http://www.barbercosmo.ca.gov/laws_regs/index.shtml).
- Please go to the "APPLICANTS" section on the Board's website and click on the "Examination Information" link for valuable examination information that will help you prepare for your examination including the following information:
  - Candidate Information Bulletins (provides candidates with a comprehensive overview of the examination including the verbal instructions read, the tasks to be performed that will be graded for the practical examination, and list of supplies).
  - Frequently Asked Questions (including practical examination, general examination, mannequin, and tri-pod questions).
  - NIC Webcast (gives step by step instructions for the practical examination including a Q & A section).

**\*Email - [barbercosmo@dca.ca.gov](mailto:barbercosmo@dca.ca.gov)**

**All forms and applications referenced in this application can be found on the Board's website at [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov) under "FORMS/PUBS".**



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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](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.