



INTERPRETER INSTRUCTIONS

Licensing Program
P.O. Box 944226
Sacramento, CA 94244-2260
Phone: (800) 952-5210
Email:
barbercosmo@dca.ca.gov
www.barbercosmo.ca.gov

WHO CAN REQUEST AN INTERPRETER?

If an applicant has qualified for the barber, cosmetologist, manicurist, esthetician, or electrologist examination and cannot read, speak, or write in the English language at a 10th grade-level, the applicant may request authorization from the Board of Barbering and Cosmetology (Board) to use an interpreter for most languages (please see below). An interpreter may be requested for the barber, cosmetologist, esthetician, electrologist and manicurist exams. **The Board does NOT provide interpreters. Interpreter forms must be sent in with your exam application.**

KOREAN, SPANISH OR VIETNAMESE SPEAKING APPLICANTS:

The examination for barbering, cosmetology, electrology, esthetician, and manicurist is available in English, Spanish, Korean and Vietnamese and applicants **must** indicate their language preference on the application for examination or re-examination. An interpreter may not be used if the examination is available in the applicant's native language.

WHO CAN NOT ACT AS AN INTERPRETER?

- Persons less than 15 years of age.
- Persons who are current or former students in barbering, cosmetology, manicuring, esthetics, or electrology.
- Persons who have ever been licensed as an operator or an instructor in barbering, cosmetology, manicuring, esthetics, or electrology in this or any other state.
- Persons who are or have been enrolled in a barber apprentice or cosmetology apprentice training program.
- Persons who have been former junior operators or junior electrologists.
- Persons who are or have been owners or employees of any school of barbering, cosmetology, or electrology.
- Persons who have acted as an interpreter **within the past two years**, regardless of the examination type.

WHAT FORMS MUST BE COMPLETED TO USE AN INTERPRETER?

Both Board Forms G and H must be completed and sent to the Board with the application for examination and appropriate examination fees. An applicant CAN NOT use an interpreter if any of the following requirements are not fully met:

Applicant Requirements:

- Must fully complete and sign Form G and submit to the Board with the application for examination no later than 30 days prior to the date of the examination. This form is to be completed by the applicant ONLY.
- Provide the interpreter with Form H for their completion and signature.

Interpreter Requirements:

- Must fully complete and sign Form H and return it to the applicant. **By completing and signing this form, the interpreter is certifying under penalty of perjury under the laws of the State of California that he/she is fluent in both English and the native language of the applicant.**
- Provide the applicant with two copies of a 1 ½” by 1 ½” front view, FULL-FACE, photograph of the interpreter and sign the back of the provided photograph.

Upon the Board’s evaluation and approval of the request to use an interpreter, the Board will validate Form H by embossing the photograph with the Board’s seal. The Board will return Form H to the applicant who must present the form to the exam facility on the day of the examination.

ON THE DAY OF THE EXAMINATION

At the examination facility, the applicant and the interpreter MUST:

- Present the validated and authorized Form H.
- The applicant and the interpreter shall present one form of a current and valid government issued photographic identification. Acceptable forms of identification include:
 1. Current Driver’s License – any state
 2. State Identification Card – any state
 3. U.S. Military Identification
 4. Valid Passport – any country
 5. United States Immigration and Naturalization Issued Identification
 6. Certificate of United States Citizenship
 7. Permanent Resident Card

You will not be able to take the exam without valid ID’s for both the applicant and the interpreter.

IMPORTANT NOTES

- Interpreters are not permitted to read the examination to the applicant in English. The interpreter must interpret the examination in the applicant’s native language.
- Disabled persons are entitled to have access to the examination activities in a manner that is equal to that offered non-disabled persons.
- Reasonable accommodations will be provided upon verification of medically confirmed disabilities. Applicants requiring reasonable accommodations under the Americans with Disabilities Act (ADA) may request accommodations by completing the Board’s Request for Reasonable Accommodation form (i.e., readers, ASL signers, etc.).
- Interpreters may provide translation services **ONLY**. They may not help the applicant by explaining, coaching, demonstrating, or giving answers. If PSI determines that an interpreter is providing answers during the examination or any other material assistance to the applicant other than translating, it shall disqualify the interpreter and void the applicant’s examination.
- Persons who have acted as an interpreter may not apply to the Board for a license in any category (i.e., barbering, cosmetology, manicuring, esthetics, or electrology) for which they provided interpreter services for a period of one (1) year from the date of service.
- Verify the interpreter included two copies of a 1 ½” by 1 ½” full face photograph with the interpreter signature on the back is included with the completed Form H.
- **Submit Forms G and H and photographs with the application for examination**



APPLICATION TO USE AN INTERPRETER Form G

Licensing Program
 P.O. Box 944226
 Sacramento, CA 94244-2260
 Phone: (800) 952-5210
 Email: barbercosmo@dca.ca.gov
www.barbercosmo.ca.gov

Entity/File # (for official use only)

CHECK THE BOX FOR THE LICENSE TYPE YOU ARE APPLYING FOR:			
<input type="checkbox"/> BARBER	<input type="checkbox"/> COSMETOLOGIST	<input type="checkbox"/> ESTHETICIAN	<input type="checkbox"/> MANICURIST
<input type="checkbox"/> ELECTROLOGIST			

SECTION A: APPLICANT INFORMATION

Social Security Number or Individual Taxpayer Identification Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Date of Birth (must be at least 17 years old) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month Day Year		
Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
My Native Language Is:		Telephone Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

SECTION B: INTERPRETER INFORMATION

Last Name	First Name	Middle Name
Date of Birth (Must be at least 15 years old) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month Day Year	Telephone Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

Section C: Applicant Certification

READ AND INITIAL EACH STATEMENT

I, the applicant, hereby state that:

- I am unable to speak, read, or write the English language at the 10th grade level.
- I understand it is my own responsibility to obtain the interpreter.
- I understand I can use an interpreter only in the written part examination.
- I understand I **cannot** use a particular interpreter who has acted in this capacity within the past **two** years.
- I understand that I **cannot** use a particular interpreter who is under 15 years of age or who is or has been a student in a barbering, cosmetology, or electrology school in this state or any state, an apprentice, a former junior operator or junior electrologist, or owner or employee of any school of barbering, cosmetology, or electrology.
- I understand the interpreter **MUST BE FLUENT IN ENGLISH AND MY NATIVE LANGUAGE.**
- **I may not be coached** by the interpreter during any part of the examination.

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



INTERPRETER Form H

Licensing Program
 P.O. Box 944226
 Sacramento, CA 94244-2260
 Phone: (800) 952-5210
 Email: barbercosmo@dca.ca.gov
www.barbercosmo.ca.gov

Entity/File # (for official use only)

SECTION A: INTERPRETER INFORMATION			
---	--	--	--

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Date of Birth (must be at least 15 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"/> Month Day Year		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"/>	

SECTION B: APPLICANT INFORMATION			
---	--	--	--

Last Name	First Name	Middle Name	
My Native Language is:		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"/>	

SECTION C: INTERPRETER CERTIFICATION

READ AND INITIAL EACH STATEMENT

I, the interpreter, hereby state that:

- I have not acted as an interpreter any examination given by the Board within the past two (2) years of examination date.
- I am at least 15 years of age.
- I am not or never have been any of the following:
 - A student in any school of barbering, cosmetology or electrology.
 - A licensed apprentice, barber, cosmetologist, electrologist, esthetician or manicurist.
 - An owner or employee of any school of barbering, cosmetology or electrology.
 - A former junior operator or junior electrologist.
- I will not coach the applicant during any part of the examination.
- I am fluent in English and the native language of the applicant.
- I have a valid government issued ID that I will bring to the examination site on the date of the examination.

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 Interpreter	Date
--------------------------	------

This Form H will be returned to the applicant once approved by the Board. The applicant and interpreter must present the authorized Form H, the exam admission letter, and valid identification to the exam site on the scheduled date.

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

OFFICIAL SEAL WITH PICTURE	AUTHORIZATION TO USE AN INTERPRETER
----------------------------	-------------------------------------

INFORMATION COLLECTION, ACCESS AND DISCLOSURE

***This statement is for your information.** 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: Phone: (916) 574-7570 Fax: (916) 575-7281

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): Disclosure of your social security number 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)] authorize collection of your social security number. Your social security number 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 social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

AB 1424: 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.