



**(1015-1005) MANICURIST  
OUT OF STATE/  
OUT OF COUNTRY APPLICATION  
FOR EXAMINATION AND  
INITIAL LICENSE FEE  
\$110.00 Fee (non-refundable)**

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

Note: If you have been licensed in another state, you may qualify for reciprocity. Please see the [Reciprocity Application](#) for more information.

Cashiering (1015-1005) Use Only:	Entity #	Receipt #	Amount \$
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**I qualify for expedited application processing based on one of the below criteria:**

Satisfactory evidence must be provided with your application. See Section B for more information.  
 Honorably Discharged Veteran of the United States Armed Forces or National Guard  
 Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status

Expedited Status

**SECTION A: APPLICANT INFORMATION**

Social Security or Individual Taxpayer Identification Number

-  -

SSN

Date of Birth (MM/DD/YY) Must be at least 17 years old

-  -

DOB

Last Name

First Name

Middle Name

Name

List any previously held names:

Address (All correspondence will be mailed here)

Apt Number

Address

City

State

Zip Code

Telephone Number

-  -

Phone Number

Email Address

Email Address

Have you completed the 10th grade in a public school or its equivalency?  No  Yes

Education

(Optional) What is your spoken and written language preference ([Business and Profession Code 7314](#))?  
\_\_\_\_\_

B&P Code 7314  
Language req.

## SECTION B: BACKGROUND INFORMATION

1.	<p>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?</p> <p>If yes, attach a completed Disclosure Statement Regarding Criminal Pleas/Convictions form. If needed, the Board will request more information.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Convictions with docs <input type="checkbox"/>
2.	<p>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?</p> <p>If yes, attach a completed Disclosure Statement Regarding Disciplinary Action form. If needed, the Board will request more information.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Disciplinary Action with docs <input type="checkbox"/>
3.	<p>Do you hold any license(s) with a California Board?</p> <p>If yes, License Number(s): _____. If the name on your other license(s) does not match the name on this application, submit a Change of Name form with the required documentation with this application.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	CA Licenses <input type="checkbox"/>
4.	<p>Were you admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status?</p> <p>If yes, please include a copy of documentation that shows the correct status.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Asylum/ Refugee Docs
5.	<p>Have you served as an active military member and have been honorably discharged from the United States Armed Forces or are you currently serving in the military and are requesting this application be expedited?</p> <p>If yes, attach a copy of your DD214, discharge papers, or current orders.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Military with docs <input type="checkbox"/>
6.	<p>Are you a spouse or registered domestic partner of an active military member and are requesting this application be expedited?</p> <p>If yes, attach a copy of your certificate of marriage or domestic partnership and a copy of your spouse's or domestic partner's current military ID and verification of their active duty status.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	

**SECTION C: QUALIFICATIONS**

Please look at the list of possible types of out of state/country qualifications. Pick which is applicable to you and be sure to complete and turn in the required paperwork with your application. Based on your responses, the Board could ask for more documentation to substantiate your experience.

One set of qualifications picked

**I have been licensed in another state/country and want to use experience and education to qualify for an exam:**

State/Country: \_\_\_\_\_ License held: \_\_\_\_\_ License number: \_\_\_\_\_

- Optional- Certification letter from state/country I am/have been licensed in
- Form B: Out-of-State/Country Applicant School Training Record
- Form C: Out of State/Country Affidavit of Experience (may submit only this form if using experience alone to qualify for exam)

**I have been licensed in another state/country and want to only use my education to qualify for exam:**

State/Country: \_\_\_\_\_ License held: \_\_\_\_\_ License number: \_\_\_\_\_

- Form B: Out-of-State Applicant School Training Record
- Optional- Certified School Transcripts

**I have completed education in another state/country but have not been licensed**

- Form B: Out-of-State Applicant School Training Record
- Optional- Form C: Affidavit of Experience (if your country does not require a license to practice)

**My training comes from the military:**

- An authenticated statement from the military reservation verifying the employment if employed on a military reservation to practice any profession licensed
- Verification of Military Experience and Training (V-Met) records

**SECTION D: EXAM INFORMATION**

**Exam Language Preference**

- English     Vietnamese     Spanish     Korean

Translated into the most universal or neutral version of each language to be acceptable to the widest possible audience.

## SECTION E: INTERPRETER AND ACCOMMODATIONS

If you require an interpreter or accommodation, the appropriate **forms must be submitted with this exam application**. Failure to submit the forms at the same time may result in your exam being scheduled without your request. Incomplete forms may result in your exam being scheduled without your request.

I am requesting the use of interpreter

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 ([https://barbercosmo.ca.gov/forms\\_pubs/forms/interpreter.pdf](https://barbercosmo.ca.gov/forms_pubs/forms/interpreter.pdf)).

I am requesting a Reasonable Accommodation

Reasonable Accommodation: If you require reasonable accommodation to take the exam, attach a completed Request for Reasonable Accommodation form with this application ([https://barbercosmo.ca.gov/forms\\_pubs/forms/ada\\_req\\_accom.pdf](https://barbercosmo.ca.gov/forms_pubs/forms/ada_req_accom.pdf)).

Interpreter  
selected and  
docs included

RA selected  
and docs  
included

## SECTION F: APPLICANT CERTIFICATION

I certify that I have read and understand the information, **Know Your Workers' Rights**, provided by the Board of Barbering and Cosmetology at [https://www.barbercosmo.ca.gov/consumers/workers\\_rights.shtml](https://www.barbercosmo.ca.gov/consumers/workers_rights.shtml). I have read and understand the laws and regulations pertaining to this profession in California [https://www.barbercosmo.ca.gov/laws\\_regs/index.shtml](https://www.barbercosmo.ca.gov/laws_regs/index.shtml). 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.

Certification

Signature

Date

## 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](http://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.