



OUT-OF-STATE/OUT-OF-COUNTRY SCHOOL TRAINING RECORD – FORM B*

*Complete this form **only** if you **did not** become licensed in the state in which you received your training, **or** you completed your training outside the United States.

INSTRUCTIONS

You must submit this form along with your **Application for Examination and Initial License Fee** to the address above. Attach a **transcript** from the school showing the numbers of hours completed in each subject area (CCR section 910(a)(2)).

In addition to the documents listed above, you must also submit as many of the following documents as you can (check all that apply)**

- Progress reports
 Enrollment contract
 Attendance sheets
 Photos of school awards
 Handwritten notes
 Cashed checks to school
 Graded coursework
 License to practice

**You are welcome to submit additional documentation not listed here that would help the Board determine your eligibility for the exam.

SECTION A: APPLICANT INFORMATION

Social Security Number or Individual Taxpayer Identification Number <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	Date of Birth (must be at least 17 years old) <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> Month Day Year </div>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Address	Apartment # (if applicable)
---------	-----------------------------

City	State	Zip Code
------	-------	----------

Phone Number	Email Address
--------------	---------------

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.

SECTION B: TRAINING INFORMATION

Applicant's Training Information (check all subject areas that describe your training)

Hairstyling
 Permanent Waving and Chemical Straightening
 Hair Coloring and Bleaching
 Hair Cutting
 Manual, Electrical, and Chemical Facials
 Eyebrow Beautification
 Make-up
 Manicuring
 Pedicuring
 Facial Hair Shaving
 Disinfection and Sanitation
 Anatomy and Physiology
 Health and Safety Considerations

Total Hours Completed	Enrollment Date	Completion Date
-----------------------	-----------------	-----------------

SECTION C: APPLICANT CERTIFICATION

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 form are true and accurate.

Signature of Applicant	Date
------------------------	------

OFFICE USE ONLY	The training listed above was: <input type="checkbox"/> approved <input type="checkbox"/> denied	Evaluated by	Date Evaluated	Hours Accepted: _____ Hours Needed: _____ License Type: _____
------------------------	-----------------------------------------------------------------------------------------------------	--------------	----------------	---------------------------------------------------------------------



BOARD OF BARBERING AND COSMETOLOGY

P.O. Box 944226, Sacramento, CA 94244-2260

P (916) 575-7168 F (916) 575-7281 www.barbercosmo.ca.gov

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.