

OUT-OF-STATE/OUT-OF-COUNTRY AFFIDAVIT OF EXPERIENCE – FORM C*

*Complete this form only if the Board has determined you have completed training in all required subject areas for the exam type you've applied for, **but** you have not completed the required hours of training.

INSTRUCTIONS

Every three months of practice shall be deemed the equivalent of 100 hours of training (B&P section 7321(d)(2)). To receive credit for licensed work experience in your state or country, you must submit this form along with your Application for Examination and Initial License Fee and other applicable documents to the address above. The Board will only consider work experience performed after you became licensed, if you studied in another state, or after you completed training, if you studied in another country.

SECTION A: APPLICANT INFORMATION

Social Security Number or Individual Taxpayer Identification Number

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|---|---|---|---|---|
| <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)

| | | | | | | | | | |
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| 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.

SECTION B: TO BE COMPLETED BY EMPLOYER

Employer Last Name (print clearly)

Employer First Name

Employer Middle Name

Establishment Name

Establishment Telephone Number

Address

City

State

Zip Code

Types of services applicants provided (check all that apply)

- ☐ Hairstyling
 ☐ Permanent Waving
 ☐ Chemical Straightening
 ☐ Hair Coloring and Bleaching
 ☐ Hair Cutting
☐ Facials
 ☐ Eyebrow Beautification
 ☐ Make-up
 ☐ Manicure
 ☐ Pedicure
 ☐ Shaving

Dates Employed: From: Month _____ Year _____ To: Month _____ Year _____

SECTION C: ADDITIONAL TRAINING DOCUMENTS

You must submit as many of the following documents as you can to validate your work experience (check all that apply)**:

- ☐ Magazine/newspaper article about your services
 ☐ Online review of your services
 ☐ Employment Contract
☐ Paystub
 ☐ Bank statement showing income from salon
 ☐ Tax document showing income from salon
☐ Rental or lease agreement for a salon you owned
 ☐ Letter of recommendation from employer

***You are welcome to submit additional documentation not listed here that would help the Board validate your work experience.*

SECTION D: EMPLOYER 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 Employer

Date

OFFICE USE
ONLY

The experience listed above was:

☐ approved ☐ denied

Evaluated by

Date Evaluated

Months Employed: _____

Equivalent Hours: _____



BOARD OF BARBERING AND COSMETOLOGY

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

P (800) 952-5210 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

1625 North Market Blvd Ste 202, Sacramento, CA 95834

INTERNET ADDRESS

www.barbercosmo.ca.gov

TELEPHONE

(916) 574-7570

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.