

## The Board of Barbering and Cosmetology

P.O. Box 944244  
Sacramento, California 94244-2260  
P (916) 574-7574 F (916) 575-7281

### Petition for Reinstatement of a Revoked License

The Petition for Reinstatement process allows you, the petitioner, an opportunity for a formal administrative hearing before the Board, presided over by an Administrative Law Judge, to address the Board's concerns for consumer safety before determining whether to grant or deny your Petition for Reinstatement. Petitioning to reinstate your license involves submitting a Petition for Reinstatement form and presenting evidence of rehabilitation at an administrative hearing. **Should your license be reinstated, a statutory licensing fee may be due and payable at the time of reinstatement.**

To assist you in the process, the following items are enclosed:

- Instructions
- Petition for Reinstatement
- Applicable Code sections governing a Petition for Reinstatement and Criteria for Rehabilitation

Please review the Petition for Reinstatement instructions carefully prior to completing the Petition for Reinstatement form and prior to your hearing. Forward your documents to the Board's Enforcement Coordinator at the address below for review. Board enforcement staff will forward the documents to the Office of the Attorney General and will set a hearing date. Please be aware, petitions for reinstatement hearings occur at the Board's quarterly Board Meetings (up to four times a year) that are held at different locations throughout the State (i.e. Sacramento, San Jose, San Diego, or Los Angeles). As these meetings only occur up to four times a year, your scheduled appearance could take up to six months or longer.

If you have any questions regarding the petition process or if you have a change of mailing address during the process, please contact:

Board of Barbering and Cosmetology  
Attn: Anthony Galvan  
P.O. Box 944226  
Sacramento, CA 94244-2260  
(916) 575-7116  
[Anthony.Galvan@dca.ca.gov](mailto:Anthony.Galvan@dca.ca.gov)

# Petition for Reinstatement

## INSTRUCTIONS

The following information is provided to facilitate your petition to the Board for the reinstatement of your license. **Carefully read all instructions before completing your petition.** In order to show your petition should be granted, it is **YOUR RESPONSIBILITY** to provide evidence that it will be safe for consumers to receive your services.

### DETERMINE YOUR ELIGIBILITY

In order to qualify to be considered for reinstatement, at least one year must elapse from the effective date of the decision or from the date of the denial of a similar petition.

**Note:** The EFFECTIVE DATE is on the decision you received outlining the action taken against your license. If your order requires certain conditions be met prior to the reinstatement of your license (payment of cost recovery, payment of fines, remedial training), the Board recommends these conditions be met prior to the submission of your petition for reinstatement. If you are uncertain about the effective date of the decision or the conditions of your decision, please contact Anthony Galvan, Reinstatement Monitor, (916) 575-7116 or by email at [Anthony.Galvan@dca.ca.gov](mailto:Anthony.Galvan@dca.ca.gov).

### SUBMIT THE FOLLOWING:

The Petition for Reinstatement form completely filled in and signed.

### The Board strongly recommends you also submit the following:

1. Letters of reference
2. Community service documentation
3. Self-improvement of any nature
4. Remedial education
5. Proof of full or partial payment of any/all fines, fees and/or recovery costs owed to the Board
6. A narrative statement providing evidence of rehabilitation
7. Evidence to support any statements you make in your petition or in your narrative statement

## EVIDENCE

The following are examples of appropriate evidence:

- **Employment history**  
It is recommended you provide evidence to support **all** employment since revocation, including information regarding your current occupation. Include statements from current and former employers outlining your duties and the period of employment. Please provide a contact address and phone number for each former or current employer.
- **Recommendations**  
Letters of recommendation or statements of character can be submitted from prior employers, current employers, previous clients, friends, family, etc. Please provide a contact address and phone number of the author of the letter.
- **Rehabilitation**  
Where appropriate, please provide recent letters from counselors regarding your participation in rehabilitation programs. These letters should include a description of the program, the credentials of the counselor, the counselor's basis for determining improvement, and any recommendation from the counselor. Please provide a contact address and phone number of the counselor.
- **Support Groups**  
Where appropriate, please provide documentation of your participation in support groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, Life Support Groups, etc.).
- **Continuing Education**  
As evidence of your continuing education you may submit original and/or copies of certificates or transcripts. Be sure you have signed the certificates, where applicable.

## NARRATIVE STATEMENT SHEET

Attach a narrative sheet to your Petition stating your request. Try to be brief and concise in stating what you want and the reasons you think your request should be granted. Give a brief, factual description of the offense that was the basis for the revocation. If applicable, give a brief history of any prior discipline and the history and/or prior petitions. Indicate how long your license has been revoked

and how you have earned a living since revocation. Also include what aspect of your rehabilitation you feel will protect against re-occurrence of your prior conduct. Give details (schools, class names, credit hours, certificates, dates) and copies (with appropriate back-up documentation) of your continuing education, training programs, seminars or educational courses. Discuss what your plans are if your license is reinstated, including where you will provide services and what services you will provide, if known.

## **ABOUT THE HEARING**

The Board will forward the petition package to the Office of the Attorney General, and you will be notified of the confirmed date, time, and location of the hearing.

An Administrative Law Judge will preside over the hearing. The Judge will put you under oath to tell the truth. The Deputy Attorney General (DAG) will appear on behalf of the public and will make a statement outlining the disciplinary actions taken against your license. The DAG may ask you questions about your discipline and what you have done towards rehabilitation.

You may be asked to state in your own words what you have done towards rehabilitation and to maintain current industry knowledge and current standards of practice. Be prepared to make such a statement. The Judge, DAG and Board members may ask questions to clarify your statements.

You may have an attorney present on your behalf, but this is not required. Persons may speak on your behalf; however, it is recommended that they speak specifically toward your competence and rehabilitation.

You will not be allowed to re-litigate any prior disciplinary action taken against your license. That matter has already been decided and is final. Your task now is to prove that public safety would not be diminished by the granting of your Petition for Reinstatement.

The decision in your case will be mailed approximately 60 days after the hearing. The decision will not be announced at the hearing.

The entire Petition process can take approximately one year from the date you submit your Petition for Reinstatement to the Board until the Board renders a final decision in the matter.



## PETITION FOR REINSTATEMENT OF REVOKED LICENSE(S)

(Business and Professions Code section 11522)

<b>SECTION A: PERSONAL INFORMATION</b>				
Social Security Number or Individual Taxpayer Identification Number <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <span style="font-size: 24px; margin: 0 10px;">-</span> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <span style="font-size: 24px; margin: 0 10px;">-</span> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> </div>			Date of Birth <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <span style="font-size: 24px; margin: 0 10px;">-</span> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <span style="font-size: 24px; margin: 0 10px;">-</span> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> </div> <div style="display: flex; justify-content: space-around; font-size: 10px; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	
Last Name		First Name		Middle Name
Residence Address			City	State
			Zip Code	
Telephone Number		CA Driver's License Number		E-mail Address
Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, please complete Section B below.</b>				
<b>SECTION B: CURRENT EMPLOYMENT INFORMATION (if applicable)</b>				
Current Business Address			City	State
			Zip Code	
Employer's Last Name		First Name		Middle Name
Employer's Mailing Address			City	State
			Zip Code	
Employer's Telephone Number		Employer's E-mail Address		
<b>SECTION C: EMPLOYMENT HISTORY [since the effective date(s) of the action(s) taken against your license(s)]</b>				
Please attach a list of previous employers listing the company name, address, phone number, contact person and dates of employment.				
<b>SECTION D: ATTORNEY INFORMATION (if applicable)</b>				
Attorney's Last Name		First Name		Middle Name
Attorney's Mailing Address			City	State
			Zip Code	
Attorney's Telephone Number		Attorney's E-mail Address		
<b>SECTION E: LICENSE INFORMATION</b>				
<b>Revoked License Type and Number to be Reinstated (list all)</b>		<b>Decision Number</b>		<b>Effective Date</b>
License Type: _____ License #: _____				
License Type: _____ License #: _____				
License Type: _____ License #: _____				
License Type: _____ License #: _____				

## SECTION F: HEARING PREFERENCE

### Location Preference

- Northern California**  
 **Southern California**  
 First Available

### Language Preference

- English     Vietnamese     Spanish     Korean  
 Other (please specify): \_\_\_\_\_

## SECTION G: BACKGROUND INFORMATION [since the effective date(s) of the action(s) taken against your license(s)]

1. Have you 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, including no contest pleas or convictions that were subsequently dismissed (do not include traffic violations resulting in a \$300 fine or less)?  No  **Yes** **If yes**, attach all Court documents and the details and explanation of the offense(s).
2. Have you been placed on criminal probation or parole?  No  **Yes** **If yes**, attach the Court Order.
3. Have you been required to register as a sex offender?  No  **Yes** **If yes**, attach the Court Order.
4. Do you currently have any criminal charge(s) pending against you?  No  **Yes** **If yes**, attach the details, explanation of the charge(s) against you, and a description of the facts and circumstances that led to the charge(s).
5. Have you had any professional or vocational license or application denied, suspended, revoked, placed on probation or other disciplinary action taken by any other governmental authority in this state or any other state, or any foreign country?  No  **Yes** **If yes**, please attach a copy of the administrative action(s), and the details and explanation of the disciplinary action(s).

## SECTION H: CURRENT COMPLIANCE

**Please attach a description of what you have done to rehabilitate yourself pursuant to the criteria set forth in California Code of Regulations section 971 and any documentation supporting your rehabilitation efforts.**

## SECTION I: 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 petition are true and accurate.*

Signature

Date



## 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:

Please provide all information requested. Omission of any item of requested information may result in the petition 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.