



(1016) APPLICATION FOR RE-EXAMINATION

\$75 Fee (non-refundable)

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

Cashiering (1016) 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

License Type (please select one):	Barber <input type="checkbox"/> 1001	Cosmetologist <input type="checkbox"/> 1002	Electrologist <input type="checkbox"/> 1003	Esthetician <input type="checkbox"/> 1004	Manicurist <input type="checkbox"/> 1005
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Social Security or Individual Taxpayer Identification 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"/>
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SSN

Date of Birth (MM/DD/YY)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DOB

Last Name

First Name

Middle Name

Name

Address (All correspondence will be mailed here)

Apt Number

Address

City

State

Zip Code

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"/>
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Phone Number

Email Address

Email Address

SECTION B: 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.

Exam Information

SECTION C: BACKGROUND INFORMATION

1.	<p>Since you last applied, 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>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Convictions with docs <input type="checkbox"/></p>
2.	<p>Since you last applied, 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>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Disciplinary Action with docs <input type="checkbox"/></p>

SECTION D: 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).

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).

NOTE: Once you are scheduled for the practical portion of the exam, the date cannot be changed. If you cannot take the practical exam on your scheduled date, you must submit an Application for Re-Examination and pay the required fee. Please list dates and date ranges you are unavailable to take an exam.

I am unavailable to take an exam these dates:

Interpreter selected and docs included

RA selected and docs included

Unavailable dates chosen

SECTION E: 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. I have read and understand the laws and regulations pertaining to this profession in California 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

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.