



(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 \$				
I qualify for expedited application processing and/or waiver of the initial application and license fee based on one of the below criteria: Satisfactory evidence must be provided with your application. See Section C for more information. <input type="checkbox"/> Honorably Discharged Veteran of the United States Armed Forces or National Guard <input type="checkbox"/> I am married to or in a domestic partnership with an active duty member <input type="checkbox"/> Admitted to the United States as a Refugee, Granted Asylum, or have a Special Immigrant Visa Status				Expedited Status <input type="checkbox"/>			
SECTION A: APPLICANT INFORMATION							
License Type (please select one):	<input type="checkbox"/> Barber 1001	<input type="checkbox"/> Cosmetologist 1002	<input type="checkbox"/> Electrologist 1003	<input type="checkbox"/> Esthetician 1004	<input type="checkbox"/> Manicurist 1005	<input type="checkbox"/> Hairstylist 1006	
Social Security or Individual Taxpayer Identification Number [][][] - [][] - [][][][]						SSN <input type="checkbox"/>	
Date of Birth (MM/DD/YY) [][] - [][] - [][][][]						DOB <input type="checkbox"/>	
Last Name		First Name		Middle Name		Name <input type="checkbox"/>	
Address (scheduling letter and all correspondence will be mailed here)					Apt Number		Address <input type="checkbox"/>
City			State		Zip Code		
Telephone Number [][][] - [][][] - [][][][]						Phone Number <input type="checkbox"/>	
Email Address						Email Address <input type="checkbox"/>	

SECTION B: EXAM INFORMATION**Exam Language Preference**

☐ English ☐ Vietnamese ☐ Spanish ☐ Korean ☐ Simplified Chinese

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>	Convictions with docs <input type="checkbox"/>
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>	Disciplinary Action with docs <input type="checkbox"/>
3.	<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>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.	<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>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
5.	<p>Are you a spouse or registered domestic partner of an active military member and are requesting this application be expedited and the initial application and license fee be waived?</p> <p>If yes, attach a copy of your certificate of marriage or domestic partnership, a copy of your spouse's or domestic partner's current military ID, verification of their active duty status, verification that you are licensed in another state, district or territory of the United States.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

SECTION D: INTERPRETER AND ACCOMMODATIONS		
<p>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.</p> <p><input type="checkbox"/> 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 <u>Interpreter/ Model Forms G & H</u> with this application https://barbercosmo.ca.gov/forms_pubs/forms/interpreter.pdf.</p> <p><input type="checkbox"/> I am requesting a Reasonable Accommodation Reasonable Accommodation: If you require reasonable accommodation to take the exam, attach a completed <u>Request for Reasonable Accommodation</u> form with this application https://barbercosmo.ca.gov/forms_pubs/forms/ada_req_accom.pdf.</p>		<p>Interpreter selected and docs included <input type="checkbox"/></p> <p>RA selected and docs included <input type="checkbox"/></p>
SECTION E: APPLICANT CERTIFICATION		
<p>I certify that I have read and understand the information, <u>Know Your Workers' Rights</u>, 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.</p>		<p><input type="checkbox"/> Certification</p>
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: 1625 North Market Blvd. Ste 202, 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.