



QUARTERLY REPORT OF COMPLIANCE

Case Number	Quarterly Reporting Period			
	Month	Year	to	Month
License Number(s)		20__		20__
SECTION A: RESPONDENT INFORMATION				
Last Name(s)	First Name		M.I.	
Has your address changed since last quarter?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Residence Address	City	State	Zip Code	
Residence Telephone #	Email Address			
SECTION B: EMPLOYMENT INFORMATION Are you currently employed to provide services regulated by this Board? If yes, please complete Section B.				
Business Name	Establishment License #	Establishment Phone #		
Address	City	State	Zip Code	
SECTION C: PROBATION INFORMATION				
Since the last quarterly report, have you:				
1. Been arrested, charged or convicted of any crime? (If yes, explain below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Changed place of employment? (if yes, explain below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Sold or transferred ownership of your establishment? (if applicable)		<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explanation: (attach additional information as needed)				
SECTION D: CERTIFICATION				
<i>I hereby submit this Quarterly Report of Compliance as required by the Board of Barbering and Cosmetology and declare under penalty of perjury under the laws of the State of California that I have read the foregoing report in its entirety and know its contents and that all statements made are true, and understand that misstatements or omissions of material fact may be cause for revocation of probation.</i>				
Probationer's Signature			Date	



State and Consumer Services Agency – Edmund G. Brown Jr., Governor

BOARD OF BARBERING AND COSMETOLOGY
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EMPLOYER VERIFICATION

NOTIFICATION TO EMPLOYER-Respondent shall be required to inform his/her employer and any subsequent employer during the probation period of the discipline imposed by this Decision by providing the employer with a copy of the Decision and Order in this matter. The employer will be requested to inform the Board of Barbering and Cosmetology, in writing, that he/she is aware of the discipline. This applies to independent contractors (booth renters) as well as employees.

SECTION A: RESPONDENT INFORMATION			
Case Number	License Number(s)		
Last Name(s)	First Name	M.I.	
SECTION B: EMPLOYER INFORMATION			
Business Name	Establishment License #	Establishment Phone #	
Address	City	State	Zip Code
Employer Only: <i>I have received a complete copy of the Board Decision/Stipulation and Statement of Issues or Accusation in the above disciplinary case.</i>			
Employer's Name _____		Employer's Signature _____	