



## **APPLICATION TO USE AN INTERPRETER INSTRUCTIONS**

Complete this form in accordance with the instructions below and include additional pages and documents as necessary. The California Board of Barbering and Cosmetology (Board) cannot process the document unless all applicable requested information is provided. To request a designated interpreter's approval, this form must be completed in its entirety and submitted to the Board with the applicant's application for examination. Applicants shall complete **Section A** of this form first, and then the person designated by the applicant to act as an interpreter shall complete the rest of this form beginning at **Section B**.

### **APPLICATION TO USE AN INTERPRETER**

#### **SECTION A – APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT ONLY)**

1. LICENSE TYPE: Check the box next to the type of license you are applying for.
2. SOCIAL SECURITY NUMBER/INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER: Provide the last four (4) digits of your Social Security Number or Individual Taxpayer Identification Number.
3. DATE OF BIRTH: Provide your full date of birth (Month/Day/Year).
4. NAME: Provide your Last Name, First Name, and Middle Name (if applicable).
5. ADDRESS: Provide a mailing address where you would like to receive documents from the Board.
6. NATIVE LANGUAGE: Provide your native speaking language.
7. TELEPHONE NUMBER: Provide a current telephone number, including area code.
8. RECORDING CONSENT: Please indicate whether you agree that the Board may tape record the interpreting of the written examination and your conversation with the interpreter listed in Section B.
9. SIGNATURE OF APPLICANT: The applicant who completed **Section A** provides their signature and the date they signed the form (Month/Day/Year).

#### **SECTION B – INTERPRETER INFORMATION (TO BE COMPLETED BY PROPOSED INTERPRETER ONLY)**

10. NAME: Provide your Last Name, First Name, and Middle Name (if applicable).
11. ADDRESS: Provide a mailing address where you would like to receive documents from the Board.
12. DATE OF BIRTH: Provide your full date of birth (Month/Day/Year).
13. TELEPHONE NUMBER: Provide a current telephone number, including area code.

#### **SECTION C – QUALIFYING CRITERIA (TO BE COMPLETED BY PROPOSED INTERPRETER ONLY)**

14. QUALIFYING CRITERIA QUESTIONS: Check the box next to “Yes” or “No” in response to each of the questions listed in **Section C** to determine if you meet the Board's requirements to act as an interpreter for the applicant listed in **Section A**.
15. SIGNATURE OF PROPOSED INTERPRETER: The proposed interpreter who completed **Section B** and **Section C** provides their signature and the date they signed the form (Month/Day/Year).

## Notice to Applicants

### WHO CAN REQUEST AN INTERPRETER?

If an applicant has qualified for the barber, cosmetologist, manicurist, esthetician, or electrologist examination and cannot read, speak, or write in the English language at a 10th grade-level, the applicant may request authorization from the Board of Barbering and Cosmetology (Board) to use an interpreter for most languages except those languages in which the Board makes the written examination available (please see below section on “Korean, Spanish, Vietnamese, or Simplified Chinese Speaking Applicants”). An interpreter may be requested for the barber, cosmetologist, hairstylist, esthetician, electrologist and manicurist exams. The Board does NOT provide interpreters.

### KOREAN, SPANISH, VIETNAMESE, OR SIMPLIFIED CHINESE SPEAKING APPLICANTS:

The examination for barbering, cosmetology, electrology, esthetician, and manicurist is available in English, Spanish, Korean, Vietnamese, and Simplified Chinese. An interpreter may not be used if the examination is available in the applicant’s native language.

### THE FOLLOWING PERSONS ARE PROHIBITED FROM ACTING AS AN INTERPRETER:

- Persons less than 15 years of age.
- Persons who are current or former students in barbering, cosmetology, hairstyling, electrology, nail care, or skin care.
- Persons who are currently or have been formerly licensed as an operator or an instructor by this state or any other state in barbering, cosmetology, hairstyling, electrology, nail care, or skin care.
- Persons who are currently or have been formerly enrolled in a barber, cosmetologist, skin care, nail care, or electrology apprentice training program.
- Persons who are currently or have been formerly owners or employees of any school of barbering, cosmetology, electrology, hairstyling, nail care, or skin care.
- Persons who have acted as an interpreter within the past two years, regardless of the examination type.

### WHAT FORMS MUST BE COMPLETED TO USE AN INTERPRETER?

The Board Application to use an Interpreter Form must be completed and sent to the Board with the application for examination. An applicant CANNOT use an interpreter if ANY of the following requirements are not met:

#### Applicant Requirements:

- Must fully complete **Section A** and submit to the Board with the application for examination.

#### Interpreter Requirements:

- Must fully complete **Section B**, fully complete and sign **Section C**, and return it to the applicant. By completing and signing this form, the interpreter is certifying under penalty of perjury under the laws of the State of California that he/she is fluent in both English and the native language of the applicant.

Upon the Board's evaluation and authorization of the request to use an interpreter, the Board will mail the applicant an admission letter that includes exam scheduling information that describes how the applicant may sign up for and schedule the licensing examination through the Board's examination administrator and return the last page of this form to the applicant who must present the form at the exam facility on the day of examination.

### **ON THE DAY OF THE EXAMINATION**

At the examination facility, the applicant and the interpreter MUST:

- Each present one form of a current, government issued photographic identification (ID).
  - Acceptable forms of identification include:
    - Unexpired State Driver's License or Identification Card – any state
    - U.S. Military Identification Card, including:
      - Active Duty, Retiree, Reservist military ID card (DD Form 2 or 2 A)
      - Military Dependent ID Card
    - Unexpired Passport – any country
    - United States Citizenship and Immigration Services (USCIS) Issued Identification Card, including:
      - Employment Authorization Document (Form I-766)
      - Permanent Resident Card (Form I-551)
    - Certificate of United States Citizenship, including:
      - Form N-550, Certificate of Naturalization
      - Form N-560, Certificate of Citizenship

*Applicants will not be able to take the exam without a current and unexpired ID for both the applicant and the interpreter.*

### **IMPORTANT NOTES**

- Interpreters are not permitted to read the examination to the applicant in English. The interpreter must interpret the examination in the applicant's native language.
- Interpreters may provide translation services ONLY. They may not help the applicant by providing "material assistance" including explaining, coaching, demonstrating, or giving answers. If it is determined that an interpreter is providing answers during the examination or any other material assistance to the applicant other than translating, the Board shall disqualify the interpreter and void the applicant's examination.
- For a period of one (1) year from the date that any person served as an Interpreter, that person shall be ineligible to apply to the Board of Barbering and Cosmetology for a license in barbering or any of the branches of cosmetology from which he or she provided Interpreter services.

## **INFORMATION COLLECTION, ACCESS, AND DISCLOSURE**

**\*This statement is for your information.** The Information Practices Act, Section 1798.17 of the 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:** Phone: (916) 574-7570 Fax: (916) 575-7281

**AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:** Business and Professions Code sections 7338 and 7340, and Title 16, California Code of Regulations section 931.

**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 use of an interpreter during a Board licensing examination and to establish positive identification. Each individual has the right to review their files or records maintained on them by this agency, unless the records are exempted by section 1798.40 of the California Civil Code.

**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 the use of an interpreter during the written licensing examination. Information on your application may be transferred to other governmental or law enforcement agencies.

**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.



Entity/File# (Board Use Only)

# APPLICATION TO USE AN INTERPRETER

## SECTION A: APPLICANT INFORMATION (This section is to be completed by the applicant only.)

CHECK THE BOX FOR THE LICENSE TYPE YOU ARE APPLYING FOR:

BARBER  COSMETOLOGIST  HAIRSTYLIST  ESTHETICIAN  ELECTROLOGIST  MANICURIST

Last 4 Digits of Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)

Date of Birth

-   -

Month Day Year

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

My Native Language:

Telephone Number

()  -

Consent to Recording: I agree that the Board may tape record the interpreting of the written examination and my conversation with the interpreter listed in **Section B** during the examination?

Yes  No

*I hereby certify under penalty of perjury under the laws of the State of California that all statements in Section A of this application are true and correct.*

Signature of Applicant

Date (Month/Day/Year)

## SECTION B: INTERPRETER INFORMATION

(This section is to be completed by the proposed interpreter only. The applicant shall provide the interpreter this form with Section A already completed.)

Last Name		First Name		Middle Name
Street Address		City	State	Zip Code
Date of Birth □□-□□-□□□□ Month      Date      Year		Telephone Number (□□□) □□□-□□□□		

**SECTION C: QUALIFYING CRITERIA - Please check the box “Yes” or “No” in response to the following questions to determine whether you meet the Board’s requirements to act as an interpreter for the applicant listed in Section A above.**

Are you fluent in the native language of the applicant (as listed in <b>Section A</b> of this application) and in the English language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you acted as an interpreter for a Board examination within the last two years preceding the date of your signature on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 15 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a current or former student in barbering, cosmetology, hairstyling, electrology, nail care or skin care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently or have you been formerly licensed as an operator or instructor by this state or any other state in barbering, cosmetology, hairstyling, electrology, nail care, or skin care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently or have you been formerly enrolled in a barber, cosmetologist, skin care, nail care or electrology apprentice training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently or have you been formerly an owner or employee of any school of barbering, cosmetology, nail care, skin care, hairstyling, or electrology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Consent to Recording</u> : I agree that the Board may tape record the interpreting of the written examination and my conversation with the applicant listed in <b>Section A</b> (“applicant”) during the examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**By signing this form, I acknowledge receiving notice of the following:**

If the Board determines that any information provided on this form is false in a material respect the Board shall void the applicant's examination, if any. Persons who are only reading the examination to the applicant, but not interpreting to another language, will not be permitted. If the Board determines that I am providing the applicant with answers during the examination or any other material assistance other than translating during the conduct of the examination, the Board will disqualify me and void the applicant's examination.

*I hereby certify under penalty of perjury under the laws of the State of California that all statements in Section B of this application are true and correct.*

Signature of Proposed Interpreter

Date (Month/Day/Year)

**\*\*\*\*\*THIS SECTION IS FOR BOARD USE ONLY\*\*\*\*\*  
(DO NOT FILL OUT PRIOR TO YOUR EXAMINATION)  
AUTHORIZATION TO USE AN INTERPRETER**

**INTERPRETER INFORMATION**

Last Name

First Name

Middle Name

Type of ID

ID Number

Date of Birth\*

-   -

Month

Date

Year

**APPLICANT INFORMATION**

Last Name

First Name

Middle Name

Type of ID

ID Number

Date of Birth\*

-   -

Month

Date

Year

Application Number

Exam Date

Exam Location

## IMPORTANT NOTICE

This authorization must be presented along with the admission letter at the time of the examination. The services of an interpreter will not be allowed without this authorization and a current and unexpired government issued photographic identification.

Acceptable forms of identification include: (1) Current and unexpired State Driver's License or Identification Card – any state; (2) U.S. Military Identification Card, including: (A) Active Duty, Retiree, Reservist military identification card (DD Form 2 or 2 A), or (B) Military Dependent identification Card; (3) Current and unexpired Passport – any country; (4) United States Citizenship and Immigration Services (USCIS) Issued Identification Card, including: (A) Employment Authorization Document (Form I-766) or (B) Permanent Resident Card (Form I-551); or, (5) Certificate of United States Citizenship, including: (A) Form N-550, Certificate of Naturalization or (B) Form N-560, Certificate of Citizenship. **NOTE\***: Birth date is only used to distinguish applicants or interpreters.