



## INSTRUCTIONS APPLICATION FOR COSMETOLOGY SCHOOL APPROVAL

The attached application lists the requirements a school of cosmetology must meet in order to be approved by the Board of Barbering and Cosmetology (Board). For new schools or for approved schools with a change of ownership, change of location, or change of name, you must first obtain a “conditional approval” letter from the Bureau for Private Postsecondary Education\* (BPPE) and submit an application to the Board. Please note a change of location only requires a “conditional approval” letter from the BPPE if the move is more than 10 miles from the original school location; however any change of location requires Board approval and written notification to BPPE. If you would like to add additional courses of instruction, you must submit an Application to Add Course to Approved School to the Board and submit written notification to the BPPE. The Board’s school applications and forms can be found on the Board’s website at [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov) by clicking the “SCHOOLS” tab and then clicking on the “School Information/Applications” tab.

Please complete the attached application, and place your initials in the boxes provided if your school has complied with each requirement. The application must be signed by the school owner(s) under penalty of perjury, and returned to the Board along with all the required documents.

The Board will notify you in writing whether your application is complete or deficient. For new schools once you have submitted a completed application with all required documents, a Board Inspector will conduct an on-site inspection of your school. Any violation of the Board’s laws or regulations must be corrected prior to Board approval. You will be required to certify under penalty of perjury that the appropriate corrections have been made, and in some cases, a second inspection by a Board Inspector may be required before approval is granted.

Once your school has been approved, the Board will send a letter issuing you Board approval and a School Code. A School Code issued by the Board is approval for a single location to a specific owner or owners, and may not be used for any other school locations. Your School Code will identify your school, and will be used on all Proof of Training Documents to identify students attending your school. **ANY HOURS A STUDENT COMPLETES BEFORE YOUR SCHOOL IS APPROVED AND ISSUED A SCHOOL CODE WILL NOT BE ACCEPTED BY THE BOARD.**

\*Contact Information for the Bureau for Private Postsecondary Education:

Mailing Address:

Bureau for Private Postsecondary Education  
P.O. Box 980818  
West Sacramento, CA 95798-0818

Physical Address:

Bureau for Private Postsecondary Education  
2535 Capitol Oaks Drive, Suite 400  
Sacramento, CA 95833

Phone: (916) 431-6959  
Toll Free: (888) 370-7589  
Web site: [www.bppe.ca.gov](http://www.bppe.ca.gov)  
E-mail: [bppe@dca.ca.gov](mailto:bppe@dca.ca.gov)

## APPLICATION FOR COSMETOLOGY SCHOOL APPROVAL

<input type="checkbox"/> <b>New School</b> (Complete all sections)	<input type="checkbox"/> <b>Change of Ownership</b> (Complete A, B (1, 3, 5, 6, 7, 8, & 9), C, & D) School Code: _____	<input type="checkbox"/> <b>Change of Location</b> (Complete A, B (1, 2, 3, 7, & 9), & D) School Code: _____	<input type="checkbox"/> <b>Change of Name</b> (Complete A, B(1), & D) School Code: _____
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### SECTION A: SCHOOL INFORMATION

School Name		Previous School Name (if you are changing your school name)	
School Address (include suite number if applicable)	City	CA	Zip Code
Previous Address (if you are changing your location)	City	CA	Zip Code
Mailing Address (if different from school address)	City	CA	Zip Code
School Telephone Number (    )	School Contact Name and Email Address		Contact Telephone Number (    )

### SECTION B: SCHOOL REQUIREMENTS Please initial each requirement, and include all documents requested with this application, or it will be considered deficient.

(1)	<input type="checkbox"/>	Have received a "conditional approval" letter from the Bureau for Private Postsecondary Education (BPPE). Attach a copy of your "conditional approval" letter from BPPE.
(2)	<input type="checkbox"/>	Have met the building code standards established by the Board pursuant to Chapter 10, California Business and Professions Code (B&P) section 7362.1(a) and California Building Code section 1253.1.1. Submit a floor plan demonstrating room for equipment and floor space necessary for comprehensive instruction of 25 cosmetology students or the number of students enrolled in the course, whichever is greater. Must be at least 3,000 square feet, not less than 2,000 square feet of which shall be provided for the working, practice, and classroom areas.
(3)	<input type="checkbox"/>	Have met the minimum equipment requirements for a school of cosmetology pursuant to Title 16, California Code of Regulations (CCR) section 940(a).
(4)	<input type="checkbox"/>	Have at least 25 full time students interested in attending the cosmetology course at your school pursuant to Chapter 10, B&P section 7362.1(b). Attach a list of 25 students interested in attending the cosmetology course at your school.
(5)	<input type="checkbox"/>	Attach the curriculum for the full cosmetology course pursuant to Title 16, CCR section 950.2, which includes a course of practical training and technical instruction, as well as all other course curriculums within the Board's jurisdiction you wish to provide instruction.

## SECTION B: CONTINUED

(6)  Have completed and attached Affidavits for all owners of the school with a copy of a current valid government issued photographic identification with each Affidavit.

(7)  Have proof that the owner(s) either owns or leases the property. Attach a copy of the property tax bill or the lease agreement.

(8)  If the applicant is a corporation, limited liability company (LLC), or a partnership attach a copy of your Employer Identification Number (EIN) certificate from the Internal Revenue Service (IRS).

(9)  Attach a copy of the City Business License or a copy of the Fictitious Business Name Filing.

## SECTION C: OWNERSHIP Complete only the section that applies to the type of ownership established for your school (Individual, Married Couple or Registered Domestic Partners, Partnership, Corporation or LLC).

- **Individual:** One person will control all ownership liabilities, requirements, and responsibilities of the school. If this category applies to you, provide your name and Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) in the appropriate sections.
- **Married Couple or Registered Domestic Partners:** Two persons will share all ownership liabilities, requirements, and responsibilities of the school. If this category applies, each person is to provide their name and SSN or ITIN in the appropriate sections.
- **Partnership:** Two or more persons will share all ownership liabilities, requirements, and responsibilities of the school. If this category applies, each person is to provide his/her name in the appropriate sections, along with the partnership's EIN. Partnerships must be issued an EIN from the IRS for the application to be processed.
- **Corporation or LLC:** One or more persons in a corporation or LLC registered with the State of California, Secretary of State will be responsible for all ownership liabilities, requirements, and responsibilities of the school. If this category applies, list the name of the corporation or LLC, along with all officer's names and titles, or members (if LLC with no officers) in the appropriate sections, along with the corporation's or LLC's EIN. Corporations and LLC's must be registered with the California Secretary of State and be issued an EIN from the IRS for the application to be processed.

**If Owner is an INDIVIDUAL complete the following and attach an Affidavit:**

Last Name	First Name	Middle Name
SSN or ITIN <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"/>		

(or)  
**If Owner is a MARRIED COUPLE or REGISTERED DOMESTIC PARTNERS complete the following and attach an Affidavit for each individual:**

Last Name	First Name	Middle Name
SSN or ITIN <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"/>		
Last Name	First Name	Middle Name
SSN or ITIN <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"/>		

## SECTION C: CONTINUED

(or)  
**If Owner is a PARTNERSHIP (list ALL partners - attach a separate sheet if needed) complete the following and attach an Affidavit for each partner:**

**EIN**   

Last Name	First Name	Middle Name

(or)  
**If Owner is a CORPORATION or LLC (must be a corporation or LLC registered with the California Secretary of State to show ownership) complete the following and attach an Affidavit for each owner or member:**

Name of Corporation or LLC **EIN**   

Address (if different from school address)		City	State	Zip Code
Title	Last Name	First Name	Middle Initial	
President or Member (circle one)				
Vice President or Member (circle one)				
Treasurer or Member (circle one)				
Secretary or Member (circle one)				

## SECTION D: CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the information provided on this application is true and correct to the best of my knowledge and that the school has meet all the requirements set forth in the Barbering and Cosmetology Act and California Code of Regulations.

### WHO MUST SIGN THIS FORM:

IF INDIVIDUAL OWNER: **THE OWNER**

IF A MARRIED COUPLE or REGISTERED DOMESTIC PARTNERS: **BOTH INDIVIDUALS**

IF A PARTNERSHIP: **ALL AUTHORIZED PARTNERS**

IF A CORPORATION or LLC: **THE PRESIDENT, THE TREASURER, or MEMBER(S)** (if LLC with no Officers)

X _____ Signature	_____ Date	X _____ Signature	_____ Date
_____ Printed Name		_____ Printed Name	

X _____ Signature	_____ Date	X _____ Signature	_____ Date
_____ Printed Name		_____ Printed Name	

### **FOR CHANGE OF OWNERSHIP ONLY:**

X _____ Previous Owner Signature	_____ Date	X _____ Previous Owner Signature	_____ Date
_____ Printed Name		_____ Printed Name	

X _____ Previous Owner Signature	_____ Date	X _____ Previous Owner Signature	_____ Date
_____ Printed Name		_____ Printed Name	



### AFFIDAVIT

Please print clearly. Make additional copies as needed. Attach a copy of your government issued photo ID.

I am completing this Affidavit as a:			
<input type="checkbox"/> Individual <input type="checkbox"/> Married Couple or Registered Domestic Partners <input type="checkbox"/> Partner <input type="checkbox"/> Corporation Officer <input type="checkbox"/> LLC Officer or Member			
Last Name		First	Middle Initial
Residence Address (home address)		City	State    Zip Code
Phone Number (    ) (    ) (    )	Fax Number (    ) (    ) (    )	E-mail Address	
Social Security Number 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"/>		Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month    Day    Year	
Do you hold or have you held any additional licenses issued by the Board of Barbering and Cosmetology?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list license types, numbers: _____			
Do you have any outstanding fines owed to the Board of Barbering and Cosmetology?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a legal name change?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide any other names used: _____			
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? <b>If yes</b> , answer the following questions. Attach additional pages if needed. <small>Your application will be delayed by 2 to 6 months, if the information provided is not complete</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Conviction(s): _____			
Type of Violation(s): _____			
Court(s) Where Conviction(s) Occurred: _____			
Penalties Received: _____			
<ul style="list-style-type: none"> <li>• Include copies of arrest records, court documents, verification of restitution received by the court, and verification of successful completion of probation.</li> <li>• A letter from you describing the underlying circumstances of arrest as well as any rehabilitation efforts or changes in life since that time to prevent future problems.</li> </ul> Include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under California Penal Code Section 1000 or 1203.4 (Traffic violations of \$500.00 or less need not be reported).			
Have you ever had any professional or vocational license or registration 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach an explanation that includes license type, action, and company name (if applicable), year of action and state that it occurred in.			
I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing affidavit, including all supplementary statements.			
X Signature		Date	
<b>FOR OFFICIAL USE ONLY</b>			
Date Sent to Enforcement		Enforcement Approval	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

**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) 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.

**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.