

**State of California
Office of Administrative Law**

In re:
Board of Barbering and Cosmetology

Regulatory Action:

Title 16, California Code of Regulations

Amend sections: 904, 909, 931, 932, 937,
962, and 998

Repeal sections: 928, 934, 950.1, 950.2,
950.3, and 950.4

NOTICE OF APPROVAL OF REGULATORY
ACTION

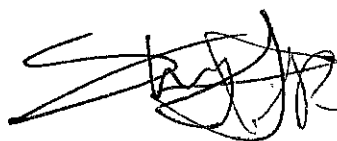
Government Code Section 11349.3

OAL Matter Number: 2024-0719-03

OAL Matter Type: Regular Resubmittal (SR)

In this regular rulemaking, the Board of Barbering and Cosmetology ("BBC") is amending and repealing regulations primarily in response to the enactment of Senate Bill 803 (Ch. 648, Stats. of 2021) and Assembly Bill 2196 (Ch. 527, Stats. of 2022). S.B. 803, among other things, (1) reduced the number of hours required for courses in barbering and cosmetology to 1,000 hours; (2) codified in statute the minimum amount of instruction that must be included for various subjects in a course for barbering, cosmetology, hairstyling, skin care, and nail care; (3) repealed BBC's preapplication program for schools and apprenticeships; (4) added a new "hairstyling" license type; and (5) eliminated the requirement that an applicant for licensure pass a practical examination. With the enactment of A.B. 2196, electrolysis course curriculum requirements were similarly codified. Additionally, BBC is amending two documents incorporated by reference and adopting a third.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 10/1/2024.



Date: August 28, 2024

Steven J. Escobar
Senior Attorney

Original: Kristy Underwood, Executive
Officer

For: Kenneth J. Pogue
Director

Copy: Jennifer Huetter

RESUBMITTAL

For use by Secretary of State only

STD. 400 (REV. 10/2019)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2023-1003-02	REGULATORY ACTION NUMBER 2024-0719-03	EMERGENCY NUMBER SR
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

AUG 28 2024
1:50 pm

OFFICE OF ADMIN. LAW
2024 JUL 19 PM 3:07

AGENCY WITH RULEMAKING AUTHORITY
Board of Barbering and Cosmetology

AGENCY FILE NUMBER (If any)
Z-2023-1003-02

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2023, No. 41-2	PUBLICATION DATE 10/13/2023	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) SB 803 Clean Up	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2024-0419-05S
---	---

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 904, 909, 931, 932, 937, 962, and 998
TITLE(S) 16	REPEAL 928, 934, 950.1, 950.2, 950.3, and 950.4

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only	
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)
June 25, 2024 through July 10, 2024, availability of Modified text and modified incorporated materials added to the rulemaking file.

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal	
<input checked="" type="checkbox"/> Other (Specify) <u>Kimberly Kirchmeyer, Director, Department of Consumer Affairs</u>			

7. CONTACT PERSON Jennifer Huetter	TELEPHONE NUMBER 279-278-5089	FAX NUMBER (Optional) 916 575-7281	E-MAIL ADDRESS (Optional) Jennifer.Huetter@dca.ca.gov
---------------------------------------	----------------------------------	---------------------------------------	--

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <u>Kristy Underwood</u>	DATE 07/18/2024
---	--------------------

TYPED NAME AND TITLE OF SIGNATORY
Kristy Underwood, Executive Officer, Board of Barbering and Cosmetology

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

AUG 28 2024

Office of Administrative Law

BOARD OF BARBERING AND COSMETOLOGY

Division 9, Title 16, of the California Code of Regulations.

ORDER OF ADOPTION

1. Amend Section 904, Title 16, California Code of Regulations as follows:

§ 904. Enforcement.

(a) Article 12 of the Board's regulations, within Title 16, Division 9 of the California Code of Regulations, contains the Board's "Health and Safety Rules".

(b) The holder or holders of an establishment license or a mobile unit license, and the person in charge of any such establishment or mobile unit, shall implement and maintain the Health and Safety Rules in such establishment or mobile unit individually and jointly with all persons in or employed by or working in or on the premises of such establishment or mobile unit.

(c) All licensed barbers, cosmetologists, hairstylists, estheticians, manicurists, electrologists, instructors, or apprentices shall individually implement and maintain the Health and Safety Rules.

(d) All persons performing acts of a barber, cosmetologist, hairstylist, esthetician, manicurist or electrologist, except students in schools, shall, upon request of an authorized representative of the Board, present satisfactory proof of identification. Satisfactory proof shall be in the form of a photographic driver's license or photographic identification card issued by any state, federal, or other recognized government entity.

(e) Failure to present valid proof of identification shall be grounds for disciplinary action.

(f) The executive officer and any authorized representative of the Board shall have access to and inspect all areas within an establishment, mobile unit, or school, including any room, closet, cabinet, drawer, container, or mobile or fixed storage or display unit.

Note: Authority cited: Section 7312, Business and Professions Code. Reference: Sections 7312, 7313, 7316 and 7404, Business and Professions Code.

2. Amend Section 909, Title 16, California Code of Regulations as follows:

§ 909. Proof of Training.

(a) Every application for examination in which the applicant is using training received in a school in this state approved by the Board in order to qualify for examination must be accompanied by proof of that training.

(b) For the purpose of this section, Pproof of training shall be a completed form entitled "Proof of Training Document" (Form #F-BBC-05 (New 06/2024)), which is hereby incorporated by reference. The Proof of Training form shall be completed document, prepared by the school where the applicant completed the qualifying training, that includes all of the following:

~~(1) The course title.~~

~~(2) The student's name, address, and date of birth.~~

~~(3) The school's name, address, and school code issued by the board.~~

~~(4) The date training started and the date training was completed at the school completing the training.~~

~~(5) The total number of hours of training the student received.~~

~~(6) If the applicant has done any one of the following, the document shall also include the information as specified for each:~~

~~(A) If the applicant has received any of the training at another school, the document must specify, for each school attended, the school's name and school code, the number of hours of training received, the date training started, and the last date of attendance.~~

~~(B) If the applicant has received credit from a course transfer, the document must specify the course and the number of hours of training received, the date training started and the last date of attendance before transferring, and the number of hours of credit received.~~

~~(C) If the applicant has received credit for holding a manicurist or cosmetician license issued by the board, the document must specify the type of license, the license number, its date of expiration, and the number of hours of credit received.~~

~~(D) If the applicant has received credit for out-of-state training and/or experience, a copy of the letter from the board granting that credit shall be attached to the document.~~

~~(7) A statement confirming that the student has met the course curriculum requirements as specified by regulation.~~

~~(8) A statement, dated and signed under penalty of perjury by the school and the student, that all the information on the document is true and correct. The statement shall be worded as follows:~~

~~"We, the undersigned, certify under penalty of perjury under the laws of the state of California, that all the information contained herein is true and correct."~~

~~(9) The document must include the name and title of the individual signing for the school clearly printed or typed.~~

~~(c) The information contained in any proof of training document prepared by an approved school in this state must be clearly identified by the number and presented in the order specified in subdivision (b).~~

Note: Authority cited: Section 7312, Business and Professions Code. Reference: Sections 7321, 7321.5, 7322, 7324, 7326, 7330, 7331, 7337, 7362.5, 7363, 7364, 7365, 7367 and 7391, Business and Professions Code.

3. Repeal Section 928, Title 16, California Code of Regulations as follows:

~~§ 928. Preapplication for Examination.~~

~~(a) A preapplication for examination must be submitted to the board postmarked within 7 calendar days from the day the applicant completed 75 percent of the required course hours and curriculum requirements (60 percent for students of the manicurist course) from an approved barbering, cosmetology or electrology school, or any person licensed as an apprentice in barbering, cosmetology, skin care, or nail care who has completed at least 75 percent of the required apprenticeship training hours.~~

~~(b) A preapplication for examination shall be in writing, on a form prepared by the board (Form PRE1, Request for Pre-Application, Rev. 1/05).~~

~~(c) The preapplication form shall be submitted with the following:~~

~~(1) The required preapplication fee specified in Section 998;~~

~~(2) The application for examination, including the required fee and all proof of qualifications of the applicant for examination, except the proof of training document specified in Section 909 or (for apprentices) the certificate of apprenticeship completion specified in Section 924.~~

~~(3) A stamped envelope, addressed to the school from which the applicant completed training or to the apprentice program sponsor from which the applicant completed training.~~

~~(d) The preapplication form shall include an anticipated date that the student/apprentice shall complete his/her course of study/apprenticeship, and a statement, signed by the student/apprentice and the school/apprentice program sponsor and certified to under penalty of perjury, that the student/apprentice has completed the curriculum requirements and number of clock hours required to submit a preapplication.~~

~~(e) Within 30 calendar days of receipt of the preapplication the board shall notify the applicant in writing, at the school/apprentice program sponsor from which the applicant completed training, that the preapplication is either complete or is deficient and what information or documentation is required to complete the application.~~

~~(1) If the application is complete, the notification (that portion of form PRE1 filled out by the board) shall also contain the applicant's scheduled examination date.~~

~~(2) If a preapplication is deficient, the applicant shall not be scheduled for examination with the pre-application population until the deficiencies are corrected and the application is resubmitted.~~

~~(f) The proof of training document/certificate of apprenticeship completion and the portion of form PRE1 filled out by the board must be mailed to the board, postmarked within three working days after the applicant's anticipated date of course/apprenticeship completion. If this requirement is not met, the applicant will not be permitted to be examined on the scheduled date and the applicant will be scheduled for examination with the general application population.~~

~~(g) Within ten working days of receipt of the proof of training document/certificate of apprenticeship completion, the board shall notify the applicant in writing that it is either complete or is deficient and what information or documentation is required to complete the document.~~

~~(1) If the proof of training document/certificate of apprenticeship completion is complete, the board will mail an examination admission letter to the applicant.~~

~~(2) If the proof of training document/certificate of apprenticeship completion is deficient, the applicant will not be permitted to be examined on the scheduled date and will be rescheduled for examinations at the time of receipt of a complete proof of training document/certificate of apprenticeship completion.~~

~~Note: Authority cited: Sections 7312 and 7337.5, Business and Professions Code.~~

~~Reference: Section 7337.5, Business and Professions Code.~~

4. Amend Section 931, Title 16, California Code of Regulations as follows:

§ 931. Interpreter and Interpreter/Model.

(a) An applicant for the barber, cosmetologist, hairstylist, esthetician, manicurist, or electrologist examination may use an Interpreter ~~or an Interpreter/Model~~ during examination if the applicant is unable to speak, read, or write in the English, Korean, Spanish, Vietnamese, or Simplified Chinese languages at a 10th grade level and, if the applicant and/or the interpreter complies with the requirements of subsections (c), (d), (f), (h), (i), and (j), as applicable.

(b) To request approval from the Board for an individual designated by the applicant to act as an Interpreter, the applicant shall file with the application for examination, or not later than thirty (30) days prior to the date of the examination, a notice of permission to use an Interpreter or Interpreter/Model on a form prescribed by the board a completed form entitled "Application to Use an Interpreter" (Form #03B-125, Form G, Request for Use of an Interpreter or Interpreter/Model, Rev. #03A-126 (New 06/20248/94)), which is hereby incorporated by reference, and executed by the applicant under penalty of perjury.

(c) ~~The person designated by the applicant to act as an Interpreter or an Interpreter/Model shall file with the board, not later than fifteen (15) days prior to the date of the examination and on a form prescribed by the board (Form #03A-126, Form H, Rev 8/94) and executed by the person under oath or penalty of perjury, a request to act as an interpreter or an interpreter/model, along with two 1 1/2 x 1 1/2 inch signed photographs of himself or herself.~~

(d) ~~The Interpreter or Interpreter/Model shall be a person who is fluent both in English and in the native language of the applicant and must certify to this fact in writing under penalty of perjury.~~

(e) ~~An Interpreter may interpret only for the written portion of the examination.~~

(f) ~~An Interpreter/Model may interpret for the written and practical portions of the examination and shall serve as the model for the practical examination.~~

(g) ~~A person shall be allowed to act as an Interpreter or Interpreter/Model only once in two (2) years in any examination.~~

(h) ~~An Interpreter shall not be used in the barber or cosmetology instructor examinations.~~

(ie) Disabled persons are entitled to access to examination activities in a manner that is equal to that offered non-disabled persons and reasonable accommodation will be provided all such persons with medically-certified documentation.

(jf) The following persons are prohibited from acting as an Interpreter or Interpreter/Model:

(1) Persons less than 15 years of age.

(2) Persons who are current or former students in barbering, or any of the branches of cosmetology, hairstyling, electrology, nail care, or skin care.

(3) Persons who are currently or have been formerly licensed as an operator or an instructor by this state or any other state in barbering, or any of the branches of cosmetology, hairstyling, electrology, nail care, or skin care.

(4) Persons who are currently or have been formerly enrolled in a barber, cosmetologist, skin care, nail care, or electrology apprentice training program.

~~(5) Persons who are currently or have been formerly enrolled in a cosmetologist apprentice training program.~~

~~(6) Persons who have been formerly Junior Operators or Junior Electrologists.~~

~~(75) Persons who are currently or have been formerly~~ current or former owners or employees of any school of barbering, cosmetology, or electrology, hairstyling, nail care, or skin care.

(kg) For a period of one (1) year from the date that any person served as an Interpreter or Interpreter/Model, 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, hairstyling, electrology, nail care, or skin care from which ~~he or she~~ they provided Interpreter or Model services.

(lh) If the Board determines that any of the information furnished pursuant to this section is false in a material respect, it ~~may~~ shall void the applicant's examination, if any.

(mi) Persons who are only reading the examination to the applicant, but not interpreting to another language, will not be permitted to accompany the applicant into any examination.

(nj) If the Board determines that an Interpreter or Interpreter/Model is providing answers during the examination or any other material assistance to the applicant other

than translating during the conduct of the examination, it shall disqualify the Interpreter or Interpreter/Model and void the applicant's examination.

Note: Authority cited: Section 7312, Business and Professions Code. Reference: Sections 7338 and 7340, Business and Professions Code.

5. Amend Section 932, Title 16, California Code of Regulations as follows:

§ 932. Passing Grades in Examinations.

(a) Examinations shall consist of ~~a practical demonstration and~~ a written test.

(b) An applicant must obtain a passing score on ~~both the practical demonstration and~~ the written test. The Board will determine the passing scores using a criterion-referenced method and based on the recommendation of subject matter experts under the direction of the Board and the Board's examination contractor.

Note: Authority cited: Sections 7312, 7338 and 7340, Business and Professions Code. Reference: Sections 7338 and 7340, Business and Professions Code.

6. Repeal Section 934, Title 16, California Code of Regulations as follows:

~~§ 934. Examination Appeal.~~

~~(a) An applicant who has received a fail score on the written or practical examination shall be eligible to appeal to the board for a review of his or her examination results.~~

~~(b) The appeal shall be filed with the board within fifteen (15) days after the date of notification of his or her examination results. The appeal shall be made in writing, and it shall state the reason for appeal. The board shall only consider appeals regarding significant procedural error in or adverse environmental conditions during the test administration.~~

~~(c) The review of the appeal shall be conducted by one or more board members, or the board's designee, to determine if there is clear and convincing evidence to sustain the applicant's appeal. Such findings shall be subject to the approval of the board.~~

~~(d) Within thirty (30) days after the board has approved the determination on appeal, the applicant shall be notified in writing of the results of his or her appeal. In acting on appeals, the board may take such action as it deems appropriate, including the issuance of a license where the board has determined that the applicant has demonstrated the required competence.~~

Note: Authority cited: Sections 7312 and 7340, Business and Professions Code.
Reference: Sections 7340 and 7341, Business and Professions Code.

7. Amend Section 937, Title 16, California Code of Regulations as follows:

§ 937. Licensing and Operation.

(a) An ~~application~~ applicant for a license to operate a mobile unit shall ~~be on a form prescribed and provided by the board~~ submit a completed application to the Board by submitting all of the following: a completed form entitled "(1008) Application for Mobile Unit License" (Form #03A-202, Application for License to Operate A Mobile Unit, Rev 1/03 Form #03A-202 (New 06/2024)), which is hereby incorporated by reference, ~~accompanied by the nonrefundable application fee specified in section 998, the initial inspection and license fee specified in section 998, and~~ such evidence, statements, or documents as required by Section 7355(b) of the Business and Professions Code.

~~(b) The geographical boundaries within which the mobile unit is licensed to operate shall include only the cities and counties within which the mobile unit has permits to provide services, and shall extend no further than a 50-mile radius from the permanent base address from which the mobile unit operates.~~

~~(eb)~~ All Health and Safety Rules governing barbering and cosmetology establishments (as contained in Article 12 of these regulations) shall apply to mobile units unless otherwise specified.

~~(ec)~~ All storage cabinet doors shall have safety catches.

~~(ed)~~ All equipment which is not stored in storage cabinets shall be securely anchored to the mobile unit.

~~(fe)~~ No services shall be performed while the mobile unit is in motion.

~~(gf)~~ A ramp or lift shall be provided for access to the mobile unit if providing services for disabled individuals.

~~(hg)~~ The owners of mobile units shall be responsible for adherence to all local, state and federal laws and regulations regarding the operation of vehicles to be used as mobile units.

~~(ih)~~ An itinerary showing dates, locations, and times of service shall be made available, upon request, to an authorized representative of the Board.

~~(ji)~~ The Board shall inform the applicant in writing that the application is either complete and accepted for filing or that it is deficient and what specific information or

documentation is required to complete the application ~~after~~ within 10 calendar days of receipt of an application for a license to operate a mobile unit.

(~~k~~) The Board shall inform the applicant in writing of its decision regarding an application, ~~within 21 calendar days from the date of filing of a completed application.~~ The decision is which is contingent upon the applicant scheduling an appointment with the Board, or its representative, for an inspection of the mobile unit for final approval, pursuant to section 7355(~~a~~) of the Business and Professions Code, within seven (7) calendar days of receipt of the notice of a completed application. If the application is determined to be incomplete and the applicant fails to complete the application within the time specified in Business and Professions Code section 7345, the Board shall return the initial inspection and license fee to the applicant after the time period in Section 7345 expires.

(~~k~~) The inspection for final approval shall be conducted to ensure compliance with Sections 7345 and 7357(b) of the Business and Professions Code.

Note: Authority cited: Sections 7312 and 7357, Business and Professions Code.
Reference: Sections 7345, 7355 and 7357, Business and Professions Code.

8. Repeal Section 950.1, Title 16, California Code of Regulations as follows:

~~§ 950.1. Curriculum for Barbering Course.~~

(~~a~~) ~~The curriculum for students enrolled in a barbering course shall consist of fifteen hundred (1500) hours of technical instruction and practical training covering all practices of a barber pursuant to Section 7316 of the Barbering and Cosmetology Act.~~

(~~b~~) ~~For the purpose of this section, technical instruction shall mean instruction by demonstration, lecture, classroom participation, or examination; practical operations shall mean the actual performance by the student of a complete service on another person or on a mannequin. Practical training shall mean the time it takes to perform a practical operation. Technical instruction and practical training shall include the following hours:~~

~~(1) 1100 Hours of Technical Instruction and Practical Training in Hair Dressing~~

~~The required subjects of instruction in Hair Dressing shall be completed with the minimum hours of technical instruction and practical operations for each subject matter as follows:~~

~~Hairstyling (65 hours of Technical Instruction and 240 Practical Operations):
The subject of Hairstyling shall include, but is not limited to, the following techniques and procedures: Hair analysis, shampooing, finger waving, pin~~

~~curling, comb-outs, straightening, waving, curling with hot combs and hot curling irons and blower styling.~~

~~Permanent Waving and Chemical Straightening (40 hours of Technical Instruction and 105 Practical Operations):~~

~~The subject of Permanent Waving and Chemical Straightening shall include, but is not limited to, the following techniques and procedures: Hair analysis, acid and alkaline permanent waving, chemical straightening including the use of sodium hydroxide and other base solutions.~~

~~Hair Coloring and Bleaching (60 hours of Technical Instruction and 50 Practical Operations):~~

~~The subject of Hair Coloring and Bleaching shall include, but is not limited to, the following techniques and procedures (also including, the use of semi-permanent, demi-permanent and temporary colors): Hair analysis, predisposition and strand tests, safety precautions, formula mixing, tinting, bleaching, high and low lights, and the use of dye removers.~~

~~Hair Cutting (20 hour of Technical Instruction and 80 Practical Operations):~~

~~The subject of Hair Cutting shall include, but is not limited to, the following techniques and procedures: Use of scissors, razor (shaper), electrical clippers/trimmers, and thinning (tapering) shears for wet and dry cutting.~~

~~(2) 200 Hours of Technical Instruction and Practical Training in Shaving~~

~~The required subjects of instruction in Shaving shall be completed with the minimum hours of technical instruction and practical operations for each subject-matter as follows:~~

~~Preparation and Performance (100 hours of Technical Instruction and 40 Practical Operations)~~

~~The subject of Preparation and Performance shall include, but is not limited to the following techniques and procedures: Preparing the client's hair for shaving, assessing the condition of the client's skin, performing shaving techniques, applying after-shave antiseptic following facial services, massaging the client's face, rolling cream massages.~~

~~(3) 200 Hours of Technical Instruction in Health and Safety~~

~~The required subjects of instruction in Health and Safety shall be completed with the minimum hours of technical instruction for each subject matter as follows:~~

~~Laws and Regulations (20 hours of Technical Instruction)~~

~~The subjects of Laws and Regulations shall include, but is not limited to, the following issues: The Barbering and Cosmetology Act and the Board's Rules and Regulations.~~

~~Health and Safety Considerations (45 hours of Technical Instruction)~~

~~Health and Safety/hazardous substances including training in chemicals and health in establishments, material safety data sheets, protection from hazardous chemicals and preventing chemical injuries, health and safety laws and agencies, bacteriology and preventing communicable diseases including HIV/AIDS and Hepatitis B.~~

~~Disinfection and Sanitation (20 hours of Technical Instruction)~~

~~The subject of Disinfection and Sanitation shall include, but is not limited to the following techniques and procedures: Disinfection and sanitation including proper procedures to protect the health and safety of the consumer as well as the technician, proper disinfection procedures for equipment used in establishments.~~

~~Disinfection shall be emphasized throughout the entire training period and must be performed before use of all instruments and equipment.~~

~~Anatomy and Physiology (15 hours of Technical Instruction)~~

~~The subjects of Anatomy and Physiology shall include, but is not limited to the following issues: Human Anatomy, Human Physiology.~~

~~(c) The Board recommends that schools provide training in the area of communication skills that includes professional ethics, salesmanship, client record-keeping, decorum, basic tax information relating to booth renters, independent contractors, employees, and employers.~~

~~Note: Authority cited: Sections 7312 and 7362(b), Business and Professions Code.
Reference: Sections 7316, 7321.5(d)(1), 7362.5(a) and 7389, Business and Professions Code.~~

9. Repeal Section 950.2, Title 16, California Code of Regulations as follows:

~~§ 950.2. Curriculum for Cosmetology Course.~~

~~(a) The curriculum for students enrolled in a cosmetology course shall consist of sixteen hundred (1600) hours of technical instruction and practical training covering all practices constituting the art of cosmetology pursuant to Section 7316 of the Barbering and Cosmetology Act.~~

~~(b) For the purpose of this section, technical instruction shall mean instruction by demonstration, lecture, classroom participation, or examination; practical operation shall mean the actual performance by the student of a complete service on another person or on a mannequin. Practical training shall mean the time it takes to perform a practical operation. Technical and practical training shall include the following hours and/or operations:~~

~~(1) 1100 Hours of Technical Instruction and Practical Training in Hair Dressing~~

~~The required subjects of instruction in Hair Dressing shall be completed with the minimum hours of technical instruction and practical operations for each subject matter as follows:~~

~~Hairstyling (65 hours of Technical Instruction and 240 Practical Operations)~~

~~The subject of Hairstyling shall include, but is not limited to, the following techniques and procedures: Hair analysis, shampooing, finger waving, pin curling, comb-outs, straightening, waving, curling with hot combs and hot curling irons and blower styling.~~

~~Permanent Waving and Chemical Straightening (40 hours of Technical Instruction and 105 Practical Operations)~~

~~The subject of Permanent Waving and Chemical Straightening shall include, but is not limited to, the following techniques and procedures: Hair analysis, acid and alkaline permanent waving, chemical straightening including the use of sodium hydroxide and other base solutions.~~

~~Hair Coloring and Bleaching (60 hours of Technical Instruction and 50 Practical Operations)~~

~~The subject of Hair Coloring and Bleaching shall include, but is not limited to, the following techniques and procedures (also including, the use of semi-permanent, demi-permanent and temporary colors): Hair analysis, predisposition and strand tests, safety precautions, formula mixing, tinting, bleaching, high and low lights, and the use of dye removers~~

~~Hair-Cutting (20 hours of Technical Instruction and 80 Practical Operations)~~

~~The subject of Hair Cutting shall include, but is not limited to, the following techniques and procedures: Use of scissors, razor (shaper), electrical clippers/trimmers, and thinning (tapering) shears for wet and dry cutting.~~

~~(2) 200 Hours of Technical Instruction in Health and Safety~~

~~The required subjects of instruction in Health and Safety shall be completed with the minimum hours of technical instruction for each subject matter as follows:~~

~~Laws and Regulations (20 hours of Technical Instruction)~~

~~The subjects of Laws and Regulations shall include, but is not limited to, the following issues: The Barbering and Cosmetology Act and the Board's Rules and Regulations.~~

~~Health and Safety Considerations (45 hours of Technical Instruction)~~

~~The subject of Health and Safety shall include, but is not limited to, the following techniques and procedures: Cosmetology chemistry including the chemical composition and purpose of cosmetic, nail, hair and skin care preparations. Elementary chemical makeup, chemical skin peels and chemical and physical changes of matter. Hazardous substances including training in chemicals and health in establishments, protection from hazardous chemicals and preventing chemical injuries, ergonomics, theory of electricity in cosmetology, bacteriology, communicable diseases, including HIV/AIDS, Hepatitis B, and staph and Material Safety Data Sheets.~~

~~Disinfection and Sanitation (20 hours of Technical Instruction)~~

~~The subject of Disinfection and Sanitation shall include, but is not limited to the following techniques and procedures: Disinfection and sanitation including proper procedures to protect the health and safety of the consumer as well as the technician. Proper disinfection procedures for equipment used in establishments.~~

~~Disinfection shall be emphasized throughout the entire training period and must be performed before use of all instruments and equipment.~~

~~Anatomy and Physiology (15 hours of Technical Instruction)~~

~~The subjects of Anatomy and Physiology shall include, but is not limited to the following issues: Human Anatomy, Human Physiology.~~

~~(3) 200 Hours of Technical Instruction and Practical Training in Esthetics~~

~~The required subjects of instruction in Esthetics shall be completed with the minimum hours of technical instruction and practical operations for each subject matter as follows:~~

~~Manual, Electrical and Chemical Facials (25 hours of Technical Instruction and 40 Practical Operations)~~

~~The subject of manual, electrical and chemical facials shall include, but is not limited to the following techniques and procedures: Manual Facials including cleansing, scientific manipulations, packs, and masks. Electrical Facials include the use of electrical modalities, dermal lights and electrical apparatus, for facials and skin care purposes; however, machines capable of producing an electrical current shall not be used to stimulate so as to contract, or for the purpose of contracting, the muscles of the body or face. Chemical Facials include chemical skin peels, packs, masks and scrubs. Training shall emphasize that only the non-living, uppermost layers of facial skin, known as the epidermis, may be removed, and only for the purpose of beautification. All practical operations must be performed in accordance with Section 992 regarding skin peeling.~~

~~Eyebrow Beautification and Make-up (25 hours of Technical Instruction and 30 Practical Operations)~~

~~The subject of Eyebrow Beautification shall include, but is not limited to, the following issues: Eyebrow Arching and Hair Removal, including the use of wax, tweezers, electric or manual, and depilatories for the removal of superfluous hair.~~

~~The subject of Makeup shall include, but is not limited to, the following issues: skin analysis, complete and corrective makeup, the application of false eyelashes, and lash and brow tinting, if a product exists that is not disapproved, prohibited or banned by the U.S. Food and Drug Administration, the Occupational Safety and Health Administration, or the U.S. Environmental Protection Agency.~~

~~(4) 100 Hours of Technical Instruction and Practical Training in Manicuring and Pedicuring~~

~~The required subjects of instruction in Manicuring and Pedicuring shall be completed with the minimum hours of technical instruction and practical operation for each subject matter as follows:~~

~~Manicuring and Pedicuring (10 hours of Technical Instruction and 25 Practical Operations)~~

~~The subject of Manicuring and Pedicuring shall include, but are not limited to, the following issues: Water and oil manicure, including nail analysis, and hand/foot and arm/ankle massage.~~

~~Artificial Nails and Wraps (25 hours of Technical Instruction and 120 (nails) Practical Operations)~~

~~Artificial nails including acrylic: liquid and powder brush-ons, artificial nail tips and nail wraps and repairs~~

~~(c) The Board recommends that schools provide training in the area of communication skills that includes professional ethics, salesmanship, decorum, record keeping, and client service records.~~

~~Note: Authority cited: Sections 7312, 7362 and 7362.1(c), Business and Professions Code. Reference: Sections 7316(b), 7321(d)(1), 7362, 7362.5(b) and 7389, Business and Professions Code.~~

10. Repeal Section 950.3, Title 16, California Code of Regulations as follows:

~~§ 950.3. Curriculum for Skin Care Course.~~

~~(a) The curriculum for students enrolled in a skin care course shall consist of six hundred (600) hours of technical instruction and practical training covering all practices of an esthetician pursuant to Section 7316 of the Barbering and Cosmetology Act.~~

~~(b) For the purpose of this section, technical instruction shall mean instruction by demonstration, lecture, classroom participation, or examination; practical operations shall mean the actual performance by the student of a complete service on another person or on a mannequin. Practical training shall mean the time it takes to perform a practical operation. Technical instruction and practical training shall include the following hours:~~

~~(1) 350 Hours of Technical Instruction and Practical Training in Facials~~

~~The required subjects of instruction in Facials shall be completed with the minimum hours of technical instruction and practical operations for each subject-matter as follows:~~

~~Manual, Electrical and Chemical Facials 70 Hours of Technical Instruction and 140 Practical Operations)~~

~~The subject of manual, electrical and chemical facials shall include, but is not limited to the following techniques and procedures: Manual Facials including~~

~~cleansing, scientific manipulations, packs, and masks. Electrical Facials include the use of electrical modalities, dermal lights and electrical apparatus, for facials and skin care purposes; however, machines capable of producing an electrical current shall not be used to stimulate so as to contract, or for the purpose of contracting, the muscles of the body or face. Chemical Facials include chemical skin peels, packs, masks and scrubs. Training shall emphasize that only the non-living, uppermost layers of facial skin, known as the epidermis, may be removed, and only for the purpose of beautification. All practical operations must be performed in accordance with Section 902 regarding skin peeling.~~

~~Preparation (15 hours of Technical Instruction)~~

~~The subject of Preparation shall include, but not be limited to the following issues: Client consultation, intake procedures, contraindications, professionalism, client record keeping, pre and post operative care, CPR/AED, salon and spa skills.~~

~~(2) 200 Hours of Technical Instruction in Health and Safety~~

~~The required subjects of instruction in Health and Safety shall be completed with the minimum number of hours of technical instruction for each subject matter as follows:~~

~~Laws and Regulations (10 hours of Technical Instruction)~~

~~The subject of Laws and Regulations shall include, but is not limited to, the following issues: The Barbering and Cosmetology Act and the Board's Rules and Regulations.~~

~~Health and Safety Considerations (40 hours of Technical Instruction)~~

~~The subject of Health and Safety shall include, but is not limited to, the following techniques and procedures: Training in chemicals and health in establishments, material safety data sheets, protection from hazardous chemicals and preventing chemical injuries, health and safety laws and agencies, communicable diseases including HIV/AIDS and Hepatitis B. Chemical composition and purpose of cosmetic and skin care preparation. Elementary chemical makeup, chemical skin peels, physical and chemical changes of matter. Electrical current, principles of operating electrical devices, and the various safety precautions used when operating electrical equipment.~~

~~Disinfection and Sanitation (10 hours of Technical Instruction)~~

~~The subject of Disinfection and Sanitation shall include, but is not limited to, the following techniques and procedures: Procedures to protect the health and safety of the consumer as well as the technician. Proper disinfection procedures.~~

~~Disinfection shall be emphasized throughout the entire training period and must be performed before use of all instruments and equipment.~~

~~Anatomy and Physiology (15 Hours of Technical Instruction)~~

~~The subjects of Anatomy and Physiology shall include, but is not limited to the following issues: Human Anatomy, Human Physiology, Bacteriology, skin analysis and conditions.~~

~~(3) 50 Hours of Technical Instruction and Practical Training in Hair Removal and Make-up~~

~~The required subjects of instruction in Hair Removal shall be completed with the minimum hours of technical instruction and practical operations for each subject matter as follows:~~

~~Eyebrow Beautification (25 hours of Technical Instruction and 50 Practical Operations)~~

~~The subject of Eyebrow Beautification shall include, but is not limited to, the following issues: Eyebrow shaping and hair removal techniques, hair analysis, waxing, tweezing, manual or electrical depilatories.~~

~~Make-up (20 hours of Technical Instruction and 40 Practical Operations)~~

~~The subject of Make-up shall include, but is not limited to, the following issues: Skin analysis, basic and corrective application, application of false eyelashes.~~

~~(c) The Board recommends that schools provide training in the area of communication skills that includes professional ethics, salesmanship, decorum, record keeping, client service records, basic tax information relating to booth renters, independent contractors, employees, and employers.~~

~~Note: Authority cited: Sections 7312, 7362 and 7364, Business and Professions Code. Reference: Sections 7316(c)(1), 7324(d)(1), 7362, 7364 and 7389, Business and Professions Code.~~

11. Repeal Section 950.4, Title 16, California Code of Regulations as follows:

~~§ 950.4. Curriculum for Nail Care Course.~~

~~(a) The curriculum for students enrolled in a nail care course shall consist of not less than four hundred (400) hours of technical instruction and practical training covering all practices of a manicurist, pursuant to Section 7316 of the Barbering and Cosmetology Act.~~

~~(b) For the purpose of this section, technical instruction shall mean instruction by demonstration, lecture, classroom participation, or examination; practical operations shall mean the actual performance by the student of a complete service on another person or on a mannequin. Practical training shall mean the time it takes to perform a practical operation. Technical instruction and practical training shall include the following hours:~~

~~(1) 300 Hours of Technical Instruction and Practical Training in Nail Care~~

~~The required subjects of instruction in Nail Care shall be completed with the minimum hours of technical instruction and practical operations for each subject matter as follows:~~

~~Manicures and Pedicures (60 hours of Technical Instruction, 60 Practical Operations and 180 nails)~~

~~The subject of Manicures and Pedicures shall include, but is not limited to, the following techniques and procedures: Water and oil manicures including hand and arm massage, complete pedicure including foot and ankle massage, application of artificial nails including liquid, gel, and powder brush-ons, nail tips, nail wraps and repairs, and nail analysis.~~

~~(2) 100 Hours of Technical Instruction and Practical Training in Health and Safety~~

~~The required subjects of instruction in Health and Safety shall be completed with the minimum number of hours of technical instruction and practical operations for each subject matter as follows:~~

~~Laws and Regulations (10 hours of Technical Instruction)~~

~~The subject of Laws and Regulations shall include, but is not limited to, the following issues: The Barbering and Cosmetology Act and the Board's Rules and Regulations.~~

~~Health and Safety Considerations (25 hours of Technical Instruction)~~

~~The subject of Health and Safety shall include, but is not limited to, the following techniques and procedures: Chemistry pertaining to the practices of a manicurist including the chemical composition and purpose of nail care preparations. Health~~

~~and Safety/Hazardous Substances, including training in chemicals and health in establishments, material safety data sheets, protection from hazardous chemicals and preventing chemical injuries, health and safety laws and agencies, ergonomics, and communicable diseases, including HIV/AIDS and Hepatitis B.~~

~~Disinfection and Sanitation (20 hours of Technical Instruction and 10 Practical Operations)~~

~~The subject of Disinfection and Sanitation shall include, but is not limited to, the following techniques and procedures: Procedures to protect the health and safety of the consumer as well as the technician.~~

~~The ten required minimum operations shall entail performing all necessary functions for disinfecting instruments and equipment as specified in Sections 979 and 980. Disinfection shall be emphasized throughout the entire training period and must be performed before use of all instruments and equipment, with special attention given to pedicure foot spa and basin disinfection procedures detailed in Sections 980.1, 980.2 and 980.3.~~

~~Bacteriology, Anatomy and Physiology (10 hours of Technical Instruction)~~

~~The subjects of Anatomy and Physiology shall include, but is not limited to the following issues: Bacteriology, anatomy, physiology, and nail analysis and conditions.~~

~~(c) The Board recommends that schools provide training in the area of communication skills that includes professional ethics, salesmanship, decorum, record-keeping, client service record cards, basic tax responsibilities related to independent contractors, booth renters, employees, and employers.~~

~~Note: Authority cited: Sections 7312, 7362 and 7365, Business and Professions Code. Reference: Sections 7316(c)(2), 7326(d)(1), 7362, 7365 and 7389, Business and Professions Code.~~

**12. Amend Section 962, Title 16, California Code of Regulations as follows:
§ 962. Definitions.**

(a) For purposes of Sections 7395.1, subdivision (c)(3), and 7395.2, as specified in subdivision (c)(3), of the Business and Professions Code, the term "good standing" means the following:

(1) The licensee maintains a valid, current, active, and unrestricted barber, cosmetology, electrology, hairstyling, esthetician, or manicurist license issued by the Board of Barbering and Cosmetology.

(2) There is no current or pending discipline against the license pursuant to Article 11 of the Barbering and Cosmetology Act.

(3) The licensee has no unpaid fine issued pursuant to Article 12 of the Barbering and Cosmetology Act.

(b) For purposes of Sections 7395.1, subdivision (g)(3), and 7395.2, as specified in subdivision (g)(3), of the Business and Professions Code and this section, the term “appropriate training” means the student extern has completed ~~60~~25% of the required ~~minimum practical operations and minimum hours of practical and technical instruction set forth in Sections 7362.5 950.2-950.4 of this division of the Business and Professions Code.~~

(c) For purposes of Sections 7395.1, subdivision (g)(3), and 7395.2, as specified in subdivision (g)(3), of the Business and Professions Code, the term “chemical treatment” means any product or procedure, including the preparation and/or application of the product, that alters or changes the molecular structure of the hair, skin or nails through the chemical treatments. These treatments may include, but are not limited to the following:

- (1) permanent waving
- (2) soft permanent waving
- (3) chemical straightening
- (4) sodium hydroxide and other base solutions
- (5) hair coloring and bleaching (semi-permanent and permanent)
- (6) chemical skin peel products
- (7) depilatory products
- (8) lash and brow tinting products

(d) For purposes of Sections 7395.1, subdivision (g)(3), and 7395.2, subdivision (g)(3), of the Business and Professions Code, the term “direct and immediate supervision” means the student extern may work on a paying client, only in an assisting capacity, when a designated licensee is present to oversee the work process. The tasks performed by the student extern must be within the scope of practice of the designated licensee who is supervising the student extern.

(e) For purposes of Sections 7395.1, subdivision (g)(3), and 7395.2, subdivision (g)(3), of the Business and Professions Code, the term “directly superviseds” means the student extern may perform those acts considered the practice of barbering or cosmetology as listed in Section 7316 of the Business and Professions Code only not use or apply chemical treatments unless if a designated licensee is present to oversee those acts and the extern meets the requirements of this section. An extern shall not use or apply chemical treatments on any client unless the extern has received appropriate training in the application of those treatments from a barbering or cosmetology school the work process approved by the Board pursuant to section 941. The tasks performed by the student extern must be within the scope of practice of the designated licensee who is supervising the student extern.

Note: Authority cited: Section 7312, Business and Professions Code. Reference: Sections 7316, 7362.5, 7395.1 and 7395.2, Business and Professions Code.

13. Amend Section 998, Title 16, California Code of Regulations as follows:

998. Schedule of Fees.

The following fees (in dollars) shall be charged by the ~~h~~Board:

(a) Barbers:

(1) Preapplication fee	9
(2 1) Application and examination fee	75
(3 2) Initial license fee	50
(4 3) License renewal fee	50 ¹
(5 4) License renewal delinquency fee	25 ¹

(b) Cosmetologists:

(1) Preapplication fee	9
(2 1) Application and examination fee	75
(3 2) Initial license fee	50
(4 3) License renewal fee	50 ¹
(5 4) License renewal delinquency fee	25 ¹

(c) Estheticians:

(1) Preapplication fee	9
(2 1) Application and examination fee	75
(3 2) Initial license fee	40
(4 3) License renewal fee	50 ¹
(5 4) License renewal delinquency fee	25 ¹

(d) Manicurists:

(1) Preapplication fee	9
(2 1) Application and examination fee	75
(3 2) Initial license fee	35
(4 3) License renewal fee	50 ¹
(5 4) License renewal delinquency fee	25 ¹

(e) Electrologists:	
(1) Preapplication fee	9
(21) Application and examination fee	75
(32) Initial license fee	50
(43) License renewal fee	50 ¹
(54) License renewal delinquency fee	25 ¹
(f) Apprentice application and license fee ²	25
(g) Establishments:	
(1) Application and initial license fee	50
(2) License renewal fee	40
(3) License renewal delinquency fee	20
(h) Mobile Units:	
(1) Application fee	50
(2) Initial inspection and license fee	100
(3) License renewal fee	40
(4) License renewal delinquency fee	20
(i) Personal Service Permit:	
(1) Initial License fee	25
(2) License renewal fee	10
(3) License renewal delinquency fee	5

¹ Fees effective for all licenses expiring on or after December 21, 2007.

² Licenses of apprentices are not renewable.

Note: Authority cited: Sections 7312, 7337.5(b) and 7421, Business and Professions Code. Reference: Sections 7402.5, 7415, 7417, 7418, 7420, 7423, 7424 and 7425, Business and Professions Code.



BOARD OF BARBERING AND COSMETOLOGY

P.O. BOX 944226
 SACRAMENTO, CA 94244-2260
 INFORMATION: (916) 445-7061 (916) 445-7008



Application for License to Operate a Mobile Unit

Please print in ink or type)

1. Name of Applicant(s) (If individual, name of owner; if copartnership, names of all partners; if corporation, name and/or corporation: of corporation and all corporate officers.)

Name (First, Middle, Last) (see instructions above)	Title (owner, officer, partner)	License No. (If licensed by board; if not write "none".	Social Security No.* (If corp., tax I.D. No.)

2. Permanent base address (Number and Street, City, State, Zip Code) Telephone Number

3. Name of person responsible for driving mobile unit (First, Middle, Last): California Driver's License Number:

4. Have you, any partner, or corporate officer been convicted of a criminal offense, felony, or misdemeanor (or entered a plea of nolo contendere) other than a minor traffic violation? Yes No
 If answer is "Yes", please list actual conviction, date of crime, place committed and sentence received for each:

(Attach sheet if additional space is required)

5. Prior to final inspection, will the mobile unit meet all requirements set forth on the reverse side of this application? Yes No
 If answer is "No", give full particulars:

(Attach sheet if additional space is required)

6. The following must accompany this application:
- Detailed floor plan showing the location of doors, windows, restrooms, facilities, sinks, lift or ramps, ventilation, equipment, and dimension of the mobile unit in compliance with this article.
 - Proof of purchase of the mobile unit and shop equipment.
 - Copies of applicable county and city licenses or permits to provide the mobile cosmetological services in each county and city of operation and the locations therein where the services will be offered.
 - Proof of compliance with applicable city, county and state plumbing, electrical, and fire laws.

(See disclosure information on reverse)

I/we 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/our knowledge."

If individual, the owner; if partnership, all partners; if corporation, president or secretary)

Signature	Date	Signature	Date
Signature	Date	Signature	Date

Alternate mailing if different than permanent base address of mobile unit (Number & Street, City, Zip Code)

To answer "yes" to #5 on the reverse side, the mobile unit must meet all of the following requirements:

- The mobile unit must be a self-contained, self-supporting, enclosed mobile unit which is at least 24 feet in length. (Business & Professions Code Section 7354)

Equipment requirements (Business & Professions Code Section 7357):

- a self-contained, potable water supply. The potable water tanks shall be not less than 100 gallons, and the holding tanks shall be of adequate capacity.
- continuous, on-demand hot water tanks which shall be not less than six-gallon capacity.
- a self-contained, recirculating, flush chemical toilet with holding tank.
- covered containers for purposes of depositing hair clippings, refuse, and other waste materials.
- a split lead generator with a remote starter, muffler, and a vent to the outside.
- a sealed combustible heater with an outside vent.

- Pursuant to Business & Professions Code Section 7355(c), after you receive initial approval of the application and floor plan from the board, you must schedule an appointment to show the mobile unit to the board, or representative of the board, for final approval. The inspection for final approval shall be made to ensure compliance with Sections 7354 and 7357 of the Business & Professions Code.

- Enclosed are copies of the Health and Safety Rules of the Board and excerpts from the Barbering and Cosmetology Act (Business & Professions Code) which relate to mobile units. Become familiar with them -- you are responsible for compliance with all applicable laws and regulations.

*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Pub.L. 94-455 (42 USCA 405(e)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgement or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code. 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. disclosure of the corporate tax identification number is voluntary.



**(1008) APPLICATION FOR MOBILE UNIT LICENSE INSTRUCTIONS
(\$50 Nonrefundable Application Fee and \$100 License and Inspection Fee)**

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.

EXPEDITED APPLICATION PROCESSING

1. If you qualify for expedited application processing based on the criteria listed on the application, select the appropriate box. If this section does not apply, leave blank.

SECTION A – APPLICANT/OWNERSHIP INFORMATION

2. NAME: Provide the Last Name, First Name, and Middle Name (if applicable) of the applicant/owner of the mobile unit.
3. ADDRESS: Provide the permanent base address from which the mobile unit will operate.
4. MOBILE UNIT NAME: Provide the name under which the mobile unit will operate, if different than your legal name.
5. TELEPHONE NUMBER: Provide a current telephone number, including area code.
6. E-MAIL ADDRESS (OPTIONAL): Provide a current e-mail address if you would like to receive correspondence and updates from the Board.
7. CONTACT PERSON: Name of the person to contact with any questions concerning the application.
8. TELEPHONE NUMBER: Provide a current telephone number, including area code, for the contact person.

SECTION B – EMPLOYEE/OFFICER RESPONSIBLE FOR DRIVING THE MOBILE UNIT

9. NAME: Provide the full legal name of the individual who will be operating/driving the mobile unit.
10. DRIVER'S LICENSE: Provide the full California Driver's License Number for the individual who will be operating/driving the mobile unit.

SECTION C – FORM OF BUSINESS ORGANIZATION

11. Select **ONE** ownership option and complete the section which applies
 - a. **SOLE PROPRIETORSHIP/INDIVIDUAL OWNER**
 - i. NAME: Provide your Last Name, First Name, and Middle Name (if applicable).
 - ii. SOCIAL SECURITY NUMBER/INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER: Provide your Social Security Number or Individual Taxpayer Identification Number.
 - iii. DATE OF BIRTH: Provide your date of birth (Month/Day/Year).

b. PARTNERSHIP

- i. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): Provide the FEIN for the partnership.
- ii. NAME: Provide the Last Name, First Name, and Middle Name (if applicable) of all partners.
- iii. DATE OF BIRTH: Provide the date of birth of all partners (Month/Day/Year).

c. CORPORATION

- i. NAME OF CORPORATION: Provide the full legal name of the corporation.
- ii. SECRETARY OF STATE CORPORATE ENTITY REGISTRATION NUMBER: Provide the full California Corporation Number (7 or 12 digits). Note: Please provide a current and active California Secretary of State corporate entity registration number below. For questions regarding registration requirements, please contact the California Secretary of State; their information is available at www.sos.ca.gov.)
- iii. CORP. OFFICER TITLE: Provide the title for each controlling officer of the corporation (e.g., CEO, CFO, etc.). For the purposes of this application, "controlling officer" shall mean the principal individuals who are the officers, directors, managers or officials of the corporation who are responsible for the operations or management of the corporation.
- iv. NAME: Provide the Last Name, First Name, and Middle Name (if applicable) of each controlling officer of the corporation.
- v. CORP. OFFICER SOCIAL SECURITY NUMBER/ITIN: Provide the Social Security Numbers or Taxpayer Identification Number (ITIN) for each controlling officer of the corporation.
- vi. CORP. OFFICER DATE OF BIRTH: Provide the date of birth for each controlling officer of the corporation (Month/Day/Year).

SECTION D – BACKGROUND INFORMATION

12. Select "Yes" or "No" in response to the questions listed on the form and provide the information listed in Section E. 1. or 2, as applicable, if you select a "Yes" response.

a. Question #1 – NOTE: Applicants are not required to disclose any of the following convictions in response to this question:

- i. Convictions dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement.
- ii. Convictions for which the person has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code;
- iii. Convictions for which the person has been granted clemency or a pardon by a state or federal executive;
- iv. An arrest that resulted in a disposition other than a conviction including an infraction or citation;
- v. Convictions that were adjudicated in the juvenile court; or,
- vi. Convictions under California Health and Safety Code section 11357, or section 11360(b) which are two years or older.

- b. Question #2 – NOTE: For the purposes of this application, “disciplined” shall mean suspended, revoked, placed on probation, public reproof, reprimand or any other form of restriction placed upon any other license, registration, certification or permit that the applicant held or currently holds. An applicant shall not be required to disclose any discipline that was based upon a conviction that has been dismissed pursuant to section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code or a comparable dismissal or expungement.
- c. Question #6 – NOTE: “Evidence” shall include:
 - i. Form I-94, arrival/departure record, with an admission class code such as “re” (refugee) or “ay” (asylee) or other information designating the person as a refugee or asylee.
 - ii. Special Immigrant Visa that includes the “si” or “sq”.
 - iii. Permanent resident card (Form I-551), commonly known as a “green card”, with a category designation indicating that the person was admitted as a refugee or asylee.
 - iv. An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure per Business and Professions Code section 135.4.

SECTION E – FINAL CERTIFICATION

13. WHO MUST SIGN THE FORM (AS APPLICABLE):

- a. Sole Proprietor/Individual Owner
- b. If Partnership
 - i. ALL Partners
- c. If Corporation
 - i. Authorized Representative(s). This is the person or persons who have been authorized to complete the application on behalf of the corporation.

Notice to Applicants

The nonrefundable application fee of \$50 must accompany this application. In addition, the Board requires the initial inspection and license fee of \$100 to be submitted with this application or the application will be deemed incomplete. If the application is determined to be incomplete and the applicant fails to complete the application within one year after it has been filed, the Board shall return the initial inspection and license fee to the applicant after that one-year period expires.

APPLICATION FOR MOBILE UNIT SCHEDULE OF FEES

FEE TYPE	FEE AMOUNT
Application Fee (Nonrefundable)	\$50
Initial Inspection & License Fee	\$100
Renewal Fee	\$40
Delinquency Fee	\$20

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: 1625 N. Market Blvd., Suite 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: BPC Sections 30, 31, 494.5, 7355, 7357, and 7358 and CCR section 937.

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 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 a license. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code, §§ 7920.000 et seq.) and the Information Practices Act (Civ. Code, § 1798.61), if the application is approved and the license granted, the personal or business name of the applicant and the address information entered on the attached form(s) will become public information subject to disclosure. However, in addition to the name and address, except for the SSN, ITIN or FEIN, other information provided on this form may be disclosed to a member of the public, upon request, under the California Public Records Act or pursuant to a court order or subpoena.

SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER (SSN/ITIN): Disclosure of your social security number or taxpayer identification 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 or taxpayer identification number. Your social security number or taxpayer identification 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.

TAX OBLIGATION DISCLOSURE NOTICE: Under BPC sections 31 and 494.5, the California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied, or your license may be suspended if you have a state tax obligation, and the state tax obligation is not paid, and your name appears on either the CDTFA or FTB certified list of top 500 tax delinquencies.



(1008) APPLICATION FOR MOBILE UNIT LICENSE
(\$50 Nonrefundable Application Fee and \$100 License and Inspection Fee)

Cashiering (1020) Use Only:	Entity #:	Receipt #:	Amount: \$
--	------------------	-------------------	-------------------

I qualify for expedited application processing based on one of the below criteria:

- Active duty member of a regular component of the United States Armed Forces enrolled in the United States Department of Defense SkillBridge program
- Served as an Active duty member of the United States Armed Forces and was Honorably Discharged
- Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status

SECTION A: APPLICANT/OWNERSHIP INFORMATION

Full Legal Name of Applicant/Owner of Mobile Unit

Last Name <i>(please print clearly)</i>		First Name		Middle Name
Permanent Base Address from which Mobile Unit Will Operate	Apt./Suite	City	State	Zip Code

Mobile Unit Name

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"/></input>	Email Address (optional)
Name of Contact Person for this Application:	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"/></input>

SECTION B: EMPLOYEE/OFFICER RESPONSIBLE FOR DRIVING THE MOBILE UNIT

Operator/Driver Full Name	California Driver's License 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"/>
---------------------------	---

SECTION C: FORM OF BUSINESS ORGANIZATION – Select ONE ownership option below and complete that section.

- SOLE PROPRIETORSHIP/INDIVIDUAL OWNER PARTNERSHIP CORPORATION

SOLE PROPRIETORSHIP/INDIVIDUAL OWNER

Last Name	First Name	Middle Name
Social Security Number/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"/> <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	

PARTNERSHIP

Federal Employer Identification Number

- -

Last Name

First Name

Middle Name

Date of Birth

- -
Month Day Year

Last Name

First Name

Middle Name

Date of Birth

- -
Month Day Year

CORPORATION

Name of Corporation

Secretary of State Corporate Entity Registration Number

Corp. Officer Title

Last Name

First Name

Middle Name

Corp. Officer Social Security Number/ITIN

- -

Corp. Officer Date of Birth

- -
Month Day Year

Corp. Officer Title

Last Name

First Name

Middle Name

Corp. Officer Social Security Number/ITIN

- -

Corp. Officer Date of Birth

- -
Month Day Year

Corp. Officer Title

Last Name

First Name

Middle Name

Corp. Officer Social Security Number/ITIN

- -

Corp. Officer Date of Birth

- -
Month Day Year

Corp. Officer Title

Last Name

First Name

Middle Name

Corp. Officer Social Security Number/ITIN

- -

Corp. Officer Date of Birth

- -
Month Day Year

SECTION D: BACKGROUND INFORMATION – Check YES or NO for each of the questions below.

1. Has the applicant, any partner, or controlling officer of the partnership or corporation ever been convicted of any crime or offense for which a license may be denied pursuant to BPC section 480, including:

- a. A criminal conviction for a serious felony under Penal Code section 1192.7;
- b. A criminal conviction that qualifies as a registerable offense under Penal Code section 290(d)(2) or (d)(3);
- c. A criminal conviction that occurred within the last seven (7) years preceding the application date;
- d. A criminal conviction for which the applicant or controlling officer is presently incarcerated; or,
- e. Any conviction for which the applicant or controlling officer was released from incarceration within the preceding seven (7) years?

Yes No

**If YES, the applicant shall attach documents or a written statement on a separate sheet(s) of paper that contains the following information, as applicable:*

- (A) plea/conviction date,
- (B) incarceration date,
- (C) incarceration release date,
- (D) probation/parole release date,
- (E) arresting agency,
- (F) court name/location,
- (G) name of the case and case/docket number,
- (H) list of codes or laws violated,
- (I) explanation of the offense(s)/details of the crime(s), and,
- (J) a statement of any rehabilitation efforts or mitigating information that the applicant would like to submit.

2. Within the preceding seven (7) years from the date of the application, has the applicant, any partner, or controlling officer of the business had a license, permit, registration, or certification ("license") that was formally disciplined by a licensing board in or outside of California?

**If YES, the applicant shall attach copies of the disciplinary decision taken by the licensing board, agency, or other governmental organization ("board") that contains the following information:*

- (A) the type of disciplinary action taken (e.g., revocation, suspension, probation),
- (B) the effective date of the disciplinary action,
- (C) the license type,
- (D) the license number,
- (E) the name and location of the licensing board, and
- (F) an explanation of the violations found by the licensing board.

Yes No

In addition, the applicant may submit a statement or documents showing the applicant's rehabilitation efforts or any mitigating information that the applicant would like the Board to consider.

<p>3. Does the applicant hold any professional or vocational license(s) with a California Board?</p> <p><i>*If YES, list License Number(s), License Type, and Name of the Issuing California Board here:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Are you serving in, or have you previously served in, the United States military? (BPC section 114.5)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. If you answered "Yes" to Question No. 4 above, are you requesting expediting of this application for:</p> <p>a. Active duty member of a regular component of the US Armed Forces enrolled in the US Department of Defense SkillBridge program? (BPC section 115.4(b))</p> <p><i>*If YES, attach a copy of a written approval document or letter from their respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force or Coast Guard) signed by the applicant's first field grade commanding officer that specifies the applicant's name, the approved SkillBridge opportunity, and the specified duration of participation (i.e., start and end dates).</i></p> <p>b. Served as an Active Duty member of the US Armed Forces and was Honorably Discharged? (BPC section 115.4(a))</p> <p><i>*If YES, attach a copy of your previous military service (DD214 – Certificate of Release or Discharge from Active Duty, or current military orders) for expedited review of your application.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Do any of the following statements apply to you:</p> <p>a. You were admitted to the United States as a refugee pursuant to section 1157 of Title 8 of the United States Code,</p> <p>b. You were granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to section 1158 of Title 8 of the United States Code; or,</p> <p>c. You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602 (b) of Title VI of Division F of Public Law 111-8 [relating to Iraqi and Afghan translators/interpreters of those who worked for or on behalf of the United States Government].</p> <p><i>*If YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder as provided in the instructions page above. Failure to do so may result in application processing delays.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Are you providing a detailed floor plan with this application showing the layout and dimensions of the mobile unit and the location of doors, windows, restrooms, sinks, lift or ramps, ventilation, and other necessary equipment in compliance with the Board's health and safety regulations in Article 12 of Division 9 of the CCR (commencing with Section 977)?</p> <p><i>*If YES, please submit a copy of the floor plan with this application.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

8. Does the mobile unit have the required equipment in compliance with the Board's mobile unit regulations in Article 5 of Division 9 of the CCR (commencing with Section 937(c))?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you providing proof of purchase (cancelled check or transaction receipt showing mobile unit purchase by the applicant or authorized representative) or lease (copy of lease agreement between the applicant and the mobile unit owner) of the mobile unit with this application? <i>*If YES, please submit a copy of the proof of purchase or lease, as applicable, with this application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the mobile unit have a self-contained potable water supply (if shampooing services are offered)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does the mobile unit have continuous, on-demand hot water tanks which shall not be less than six-gallon capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does the mobile unit have adequate ventilation (which includes at least one window capable of opening and a powered ventilation fan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E: FINAL CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that I am authorized to sign this application on behalf of the applicant, that I have read this application and the information provided herein along with any accompanying documents, and that the foregoing and all attachments are true and correct.

In signing this application, I further acknowledge receiving notice of the following:

BPC section 7359 states:

"It is unlawful for any person, firm or corporation to hire, employ, allow to be employed, or permit to work, in or about a mobile unit, any person who performs or practices any occupation regulated under this chapter who is not duly licensed by the board. Any person violating this section is guilty of a misdemeanor."

Who must sign this form: Individual owner, or if Partnership – all partners, or if Corporation – authorized representative(s).

Signature	Printed Name	Title	Date (Month/Day/Year)
Signature	Printed Name	Title	Date (Month/Day/Year)
Signature	Printed Name	Title	Date (Month/Day/Year)
Signature	Printed Name	Title	Date (Month/Day/Year)





BOARD OF BARBERING AND COSMETOLOGY

P.O. BOX 944226
SACRAMENTO, CA 94244-2260
INFORMATION: (916) 445-7061 (916) 445-7008



This information is required by provisions of the Barbering and Cosmetology Act and Rules and Regulations of the Board of Barbering and Cosmetology. All items are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete. This information is used to determine qualifications for use of an interpreter or interpreter/model. The official responsible for information maintenance is the Executive Officer of the Board of Barbering and Cosmetology. This information may be transferred to another governmental agency, such as a law enforcement agency, if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on him or her by this agency, unless the records are exempted by Section 1798.40 of the California Civil Code.

REQUEST FOR USE OF AN INTERPRETER OR INTERPRETER/MODEL

(Pursuant to Section 931 of the Board's Rules and Regulations, Title 16, California Code of Regulations)

FORM G

THIS FORM MUST BE COMPLETED BY THE APPLICANT ONLY

(Cosmetologist written examinations are given in English and Spanish)

(Please type or print in ink, legibly)

1. Applicant's Name (First, Middle, Last)		2. Phone Number	
MY NATIVE LANGUAGE IS:			
3. Residence Address Number and Street		City	State Zip Code
4. I will be taking the following parts of the examination:		Check One/	Practical <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/>
5. Applicant's * Birth Date (Month/Day/Year)		6. Social Security Number (Optional)	
7. I hereby state that I:			
<input type="checkbox"/> Am unable to speak, read or write the English language (or Spanish, if applicable) at a 10th grade level. <input type="checkbox"/> Understand it is my own responsibility to obtain the interpreter or interpreter/model. <input type="checkbox"/> Understand I can use an interpreter only in the written part of the exam. An interpreter/Model may be used in both the practical and written portions of the examination. <input type="checkbox"/> Understand I cannot use a particular interpreter or interpreter/model if they have acted in either of these capacities within the past TWO years. <input type="checkbox"/> Understand that I cannot use an interpreter or interpreter/model if they are under 15 years of age or if they are currently or have been formerly any of the following: Students in any branch of Barbering, Cosmetology, or Electrology in this state or any other state, apprentices, or owners or employees of any school of Barbering, Cosmetology or Electrology. <input type="checkbox"/> Understand the interpreter or interpreter/model MUST BE FLUENT IN ENGLISH AND MY NATIVE LANGUAGE. <input type="checkbox"/> May not be coached by the interpreter or interpreter/model during any part of the examination. <input type="checkbox"/> Understand that the Board may tape record the interpreting of the written part of the examination.			
8. Interpreter's Name (First, Middle, Last)		Check One /	Interpreter <input type="checkbox"/> Interpreter/Model <input type="checkbox"/>
9. Interpreter's * Birth Date (Mo/Day/Year)		10. Social Security Number (Optional)	11. Interpreter's Phone Number
12. Signature of the Applicant			13. Date
14. NOTE: * Birth Date is used only to distinguish the candidates.			
Attach the following items to the "Application for Examination" FORM G <input type="checkbox"/> FORM H <input type="checkbox"/> TWO IDENTICAL PHOTOS <input type="checkbox"/>			
FOR OFFICE USE ONLY			
Application Number _____		Examination Date _____ Examination Location _____	

THIS FORM IS TO BE COMPLETED BY THE INTERPRETER OR INTERPRETER/MODEL **FORM H**
 (THIS FORM MUST BE ACCOMPANIED BY TWO IDENTICAL FRONT VIEW PHOTOS OF THE INTERPRETER OR INTERPRETER/MODEL,
 THE SIZE OF THE PHOTO SHOULD BE 1 1/4" x 1 1/4", AND SIGNED BY THE INTERPRETER OR INTERPRETER/MODEL)
 (TYPE OR PRINT IN INK, LEGIBLY)

1. Interpreter's Name (First, Middle, Last)	2. Birth Date* (Mo/Day/Yr)	3. Check One/ <input type="checkbox"/> Interpreter <input type="checkbox"/> Interpreter/Model
4. Interpreter's Address Number and Street City State Zip Code	5. Check One/ <input type="checkbox"/> Male <input type="checkbox"/> Female	
* I declare under penalty of perjury under the laws of the State of California that the following is true and correct. <input type="checkbox"/> I have not acted as an interpreter or interpreter/model in any examination given by the Board of Barbering and Cosmetology within the 2 years preceding the date of signature. <input type="checkbox"/> I am at least 16 years of age. <input type="checkbox"/> I am not or never have been any of the following: a student in any school of barbering, cosmetology, or electrology. a licensed apprentice, barber, cosmetologist, electrologist, cosmetology or barber instructor, junior operator, junior electrologist, electrology instructor, esthetician, or manicurist. <input type="checkbox"/> an owner or employee of any school of barbering, cosmetology or electrology. <input type="checkbox"/> I will not coach the applicant during any part of the examination. <input type="checkbox"/> I AM FLUENT IN ENGLISH AND THE NATIVE LANGUAGE OF THE APPLICANT <input type="checkbox"/> Understand that the Board may tape-record the interpreting of the written part of the examination.		
6. Signature of the interpreter or interpreter/model	Date (Mo/Day/Year)	
7. This form was completed and signed at the following address: (Number, Street, City, State)		

03A-128 (Rev. 6/94)

Side No. 1

AUTHORIZATION TO USE AN INTERPRETER OR INTERPRETER/MODEL
 ♦♦♦ FOR BOARD USE ONLY ♦♦♦
 (DO NOT FILL OUT PRIOR TO YOUR EXAMINATION)

Name of Interpreter/Interpreter/Model: _____	App. No. _____
Applicant Name _____	Exam Date _____
Records Check _____	Exam Location _____
Type of I.D. _____	TEST SCORES
Number I.D. _____	WRITTEN _____
Birth Date _____	PRACTICAL _____
	TOTAL _____

IMPORTANT NOTICE:

This authorization must be presented along with the admission letter at the time of the examination. The services of an interpreter or interpreter/model WILL NOT be allowed without this authorization AND valid government issued photographic I.D. The following will be accepted: (1) a photographic driver's license (California or out-of-state), (2) passport, (3) CURRENT photographic alien registration, or (4) California photographic I.D. card available from the Department of Motor Vehicles.

NOTE: * Birth Date is used only to distinguish interpreters or interpreter/model

Side No. 2



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, hairstylist 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 current or former 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 "Authorization to use an Interpreter" section on page 7 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, cosmetology, hairstyling, electrology, nail care, or skin care from which they 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: 1625 N. Market Blvd., Suite 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: 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.



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
BOARD OF BARBERING AND COSMETOLOGY
 P.O. Box 944226, Sacramento, CA 94244-2260
 Phone: (916) 574-7574 Email: barbercosmo@dca.ca.gov
 Website: www.barbercosmo.ca.gov



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

CONSENT TO RECORDING REQUIRED TO USE AN INTERPRETER: Please note that if you and your interpreter listed in Section B do not check "Yes" in response to this question, your application will be denied.

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 <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 Date Year		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"/>		

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 Section A 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 a current or former 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 Section A ("applicant") during the examination. CONSENT TO RECORDING REQUIRED TO ACT AS AN INTERPRETER: Please note that if you and the applicant listed in Section A do not check "Yes" in response to this question, the application will be denied.	<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*

<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 Date Year

APPLICANT INFORMATION

Last Name

First Name

Middle Name

Type of ID

ID Number

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 Date Year

Application Number

Exam Date

Exam Location

IMPORTANT NOTICE

The authorization on page 7 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.



PROOF OF TRAINING DOCUMENT 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.

PROGRAM TITLE (TO BE COMPLETED BY STUDENT)

1. Choose **ONE** program title which applies and check the appropriate box.

SECTION A – STUDENT INFORMATION (TO BE COMPLETED BY STUDENT)

2. SOCIAL SECURITY NUMBER/INDIVIDUAL TAXPAYER IDENTIFICATION: Provide your Social Security Number or Individual Taxpayer Identification Number.
3. DATE OF BIRTH: Provide your date of birth (Month/Day/Year) – YOU MUST BE AT LEAST 17 YEARS OLD.
4. NAME: Provide your Last Name, First Name, and Middle Name (if applicable). Your name must completely match your name on the application for examination.
5. ADDRESS: Provide a mailing address where you can receive documents from the Board. Note that government mail is NOT forwarded by the Post Office.
6. TELEPHONE NUMBER: Provide a current telephone number, including area code.
7. E-MAIL ADDRESS (OPTIONAL): Provide a current e-mail address if you would like to receive correspondence and updates from the Board.

SECTION B – SCHOOL INFORMATION (TO BE COMPLETED BY SCHOOL)

8. SCHOOL NAME: Provide the full name of the Board approved school.
9. SCHOOL CODE: Provide the school code issued by the Board.
10. ADDRESS: Provide the full physical address of the school including city and zip code.
11. AUTHORIZED SCHOOL REPRESENTATIVE: Provide the full name of the school representative authorized to be contacted regarding the Proof of Training Document.
12. SCHOOL REPRESENTATIVE'S TELEPHONE NUMBER: Provide the full telephone number, including area code (and extension if applicable) for the school representative.
13. SCHOOL REPRESENTATIVE'S E-MAIL ADDRESS: Provide the official e-mail address for school representative.
14. DATE TRAINING STARTED: Provide the month, day, and year the student's training began at this school.
15. HOURS COMPLETED AT THIS SCHOOL: Provide the number of hours the student completed at this school.
16. DATE TRAINING COMPLETED: Provide the month, day, and year the student's training was completed at this school.
17. TOTAL OF ALL TRAINING HOURS COMPLETED: Provide the number of hours the student completed. This includes the total hours from all schools attended.

SECTION C – CERTIFICATION (TO BE COMPLETED BY STUDENT AND SCHOOL)

18. SIGNATURE OF STUDENT AND DATE: The student provides their signature and the date they signed the form (Month/Day/Year).
19. PRINTED NAME AND TITLE OF AUTHORIZED SCHOOL REPRESENTATIVE: Provide the printed full name of the authorized school representative who completed Section B of the form.
20. SIGNATURE OF AUTHORIZED SCHOOL REPRESENTATIVE AND DATE: The authorized school representative who completed Section B of the form, provides their signature and the date they signed the form (Month/Day/Year).

SECTION D – TRAINING RECEIVED AT ANOTHER BOARD APPROVED SCHOOL (TO BE COMPLETED BY SCHOOL LISTED IN SECTION B) – (For a student that transferred from one Board-approved school and program to another.)

21. PROGRAM TITLE: Choose **ONE** program title which applies and check the appropriate box.
22. SCHOOL'S NAME (SCHOOL NO. 1): Provide the name of the school where the student previously attended.
23. SCHOOL CODE: Provide the school code issued by the Board where the student previously attended.
24. DATE TRAINING STARTED: Provide the date the student started training at the previously attended school (Month/Day/Year).
25. LAST DATE OF ATTENDANCE: Provide the last date the student attended the previous school (Month/Day/Year).
26. TOTAL HOURS OF TRAINING ACCEPTED: Provide the total number of hours being accepted by your school from the student's previous school.
27. SCHOOL'S NAME (SCHOOL NO. 2): Provide the name of the second school where the student previously attended.
28. SCHOOL CODE: Provide the school code issued by the Board where the student previously attended.
29. DATE TRAINING STARTED: Provide the date the student started training at the second previously attended school (Month/Day/Year).
30. LAST DATE OF ATTENDANCE: Provide the last date the student attended the second previous school (Month/Day/Year).
31. TOTAL HOURS OF TRAINING ACCEPTED: Provide the total number of hours being accepted by your school from the student's second previous school.

SECTION E – CREDITS FROM PROGRAM TRANSFER (TO BE COMPLETED BY SCHOOL LISTED IN SECTION B) – (For a student who transferred credit from a different field of study from another school.)

32. PROGRAM TITLE FOR SCHOOL NO. 1 IN SECTION D: Choose **ONE** program title which applies from School No.1 in Section D and check the appropriate box.
 - a. If the student listed is licensed by the Board, list their license number in the space provided, and only include the total hours of credit accepted by your school.
 - b. If the student is NOT licensed by the Board, provide BOTH total hours of training received by School No. 1 in Section D and the total hours of credit accepted by your school.
33. TOTAL HOURS OF TRAINING RECEIVED: Provide the total number of hours of training student received from School No. 1 in Section D.

34. TOTAL HOURS OF CREDIT ACCEPTED BY YOUR SCHOOL: Provide the total number of credit hours your school is accepting from School No. 1.
35. DATE TRAINING STARTED: Provide the date the student started training at the previously attended School No. 1 (Month/Day/Year).
36. LAST DATE OF ATTENDANCE: Provide the last date the student attended the previous School No. 1 (Month/Day/Year).
37. PROGRAM TITLE FOR SCHOOL NO. 2 IN SECTION D: Choose **ONE** program title which applies from School No. 2 in Section D and check the appropriate box.
38. TOTAL HOURS OF TRAINING RECEIVED: Provide the total number of hours of training student received from School No. 2 in Section D.
39. TOTAL HOURS OF CREDIT ACCEPTED BY YOUR SCHOOL: Provide the total number of credit hours your school is accepting from School No. 2.
40. DATE TRAINING STARTED: Provide the date the student started training at the previously attended School No. 2 (Month/Day/Year).
41. LAST DATE OF ATTENDANCE: Provide the last date the student attended the previous School No. 2 (Month/Day/Year).

SECTION F – OUT OF STATE TRAINING/EXPERIENCE (TO BE COMPLETED BY SCHOOL LISTED IN SECTION B)

42. STATE OR COUNTRY WHERE HOURS WERE RECEIVED: Provide the State or Country where the student listed in Section A received any out of state training.
43. TOTAL HOURS OF CREDIT ACCEPTED BY YOUR SCHOOL: Provide the total number of hours your school is accepting from the student's out of state training.

Notice to Applicants and Schools

For Applicants: This completed form must be submitted to the Board of Barbering and Cosmetology (Board) with your application for examination (application) as a barber, cosmetologist, esthetician, electrologist, hairstylist or manicurist as required by Title 16, California Code of Regulations (CCR) section 909 or your application will be rejected as incomplete (Business and Professions Code (BPC) section 7345). The information requested on this form is mandatory pursuant to BPC sections 30, 31, 7321, 7321.5, 7322, 7324, 7326, and 7330 and Title 16 CCR section 909. The information provided will be used to determine qualifications for licensure, for identification purposes, and for compliance with tax and family support obligations. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 1625 N. Market Blvd., Suite 202, Sacramento, CA 95834, or by telephone at (916) 574-7570.

For Schools: The student identified in Section A below is applying for examination to become licensed as a barber, cosmetologist, esthetician, electrologist, hairstylist or manicurist in California. To qualify for examination, the applicant is required to provide proof of completion of training at a Board-approved school. Please check the appropriate boxes below relating to the training the applicant completed at your school. Please review the information provided in the paragraph above under "Notice to Applicants and Schools" regarding the requirements for collecting this information, the circumstances under which the information may be disclosed or withheld from disclosure, and where the personal information collected on this form is maintained.



PROOF OF TRAINING DOCUMENT

PROGRAM TITLE (Choose One)

BARBER
 COSMETOLOGIST
 HAIRSTYLIST
 ESTHETICIAN
 ELECTROLOGIST
 MANICURIST

SECTION A: STUDENT INFORMATION

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 (must be at least 17 years old) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>
---	--

Last Name (<i>please print clearly</i>)	First Name	Middle Name
---	------------	-------------

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"/>	Email Address (not required)
---	------------------------------

SECTION B: SCHOOL INFORMATION - Please provide the information requested below regarding the training provided by your school for the student listed in Section A.

School Name	School Code Issued by the Board <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-------------	--

Address	City	Zip Code
---------	------	----------

Authorized School Representative	School Representative's Telephone Number Ext:	School Representative's Email
----------------------------------	--	-------------------------------

Date Training Started at This School	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>	Hours Completed at This School <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--------------------------------------	---	---

Date Training Completed at This School	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>	Total of all Training Hours Completed <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--	---	--

SECTION C: CERTIFICATION

We, the undersigned, certify under penalty of perjury under the laws of the State of California that all information contained on this document and on any attachments is true and correct.

Signature of Student	Date
----------------------	------

Printed Name and Title of Authorized School Representative

Signature of Authorized School Representative	Date
---	------

SECTION D: TRAINING RECEIVED AT ANOTHER BOARD APPROVED SCHOOL - If any part of this section is not applicable, leave blank.

PROGRAM TITLE

BARBER COSMETOLOGIST HAIRSTYLIST ESTHETICIAN ELECTROLOGIST MANICURIST

School's Name (School No. 1)

School Code Issued by the Board

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

Date Training Started

<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					

Last Date of Attendance

<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					

Total Hours of Training Accepted

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

School's Name (School No. 2)

School Code Issued by the Board

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

Date Training Started

<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					

Last Date of Attendance

<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					

Total Hours of Training Accepted

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

SECTION E: CREDITS FROM PROGRAM TRANSFER - If any part of this section is not applicable, leave blank.

Program title for School No. 1 in Section D:

BARBER COSMETOLOGIST HAIRSTYLIST ESTHETICIAN ELECTROLOGIST MANICURIST

If licensed, only fill out hours completed/accepted information and list license number here: _____

Total Hours of Training Received at School No. 1

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

Total Hours of Credit Accepted by Your School

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

Date Training Started

<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					

Last Date of Attendance

<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					

Program title for School No. 2 in Section D:

BARBER COSMETOLOGIST HAIRSTYLIST ESTHETICIAN ELECTROLOGIST MANICURIST

Total Hours of Training Received at School No. 2

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

Total Hours of Credit Accepted by Your School

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

Date Training Started

<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					

Last Date of Attendance

<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					

SECTION F: OUT OF STATE TRAINING/EXPERIENCE - If this section is not applicable, leave blank.

State or Country Where Hours Were Received

Total Hours of Credit Accepted by Your School

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