



## PRE-APPRENTICE TRAINING CERTIFICATION OF COMPLETION

## SECTION A: APPRENTICE INFORMATION

Last Name	First Name	Middle Name		
Address	City	State	Zip Code	
SSN or ITIN 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"/> <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"/>	Month	Day	Year

## SECTION B: APPRENTICE CERTIFICATION

I certify I have met the course curriculum requirements as specified by the CA Code of Regulations, Section 917. The required 39 hours included Board's laws and regulations, basic patron protection, and sanitation and disinfection procedures referred to in Section 7334 of the Business and Professions Code. I certify under penalty of perjury under the laws of the State of California, that all the information contained herein is true and correct.

\_\_\_\_\_ Date \_\_\_\_\_ Hours Attended      \_\_\_\_\_ Date \_\_\_\_\_ Hours Attended  
\_\_\_\_\_ Date \_\_\_\_\_ Hours Attended      \_\_\_\_\_ Date \_\_\_\_\_ Hours Attended  
\_\_\_\_\_ Date \_\_\_\_\_ Hours Attended      \_\_\_\_\_ Date \_\_\_\_\_ Hours Attended  
\_\_\_\_\_ Date \_\_\_\_\_ Hours Attended      \_\_\_\_\_ Date \_\_\_\_\_ Hours Attended

Location Where You Attended Class <b>1000 TOWN CENTER DR. #300, OXNARD, CA 93036</b>	Date
Signature of Apprentice	Name of Instructor <b>MARGRARETHA WELLS</b>

## SECTION C: PRE APPRENTICE TRAINING PROVIDER INFORMATION

Training Provider Name <b>DREAM INTERNATIONAL BEAUTY ACADEMY</b>	Provider ID #		
Address	City	State	Zip

Address **1000 TOWN CENTER DR. #300** City **OXNARD** CA Zip **93036**

(805) 265-0023

## **SECTION D: TRAINING PROVIDER CERTIFICATION**

I certify the above named student has met the course curriculum requirements as specified by the CA Code of Regulations, Section 917. The required 39 hours included Board's laws and regulations, basic patron protection, and sanitation and disinfection procedures referred to in Section 7334 of the Business and Professions Code. I certify under penalty of perjury under the laws of the State of California, that all the information contained herein is true and correct.

Authorized Signature of Training Provider	Date
-------------------------------------------	------

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

**\*This statement is for your information.**

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

**AGENCY NAME:**

Board of Barbering and Cosmetology

**TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:**

Executive Officer

**ADDRESS:**

2420 Del Paso Road, Suite 100, Sacramento, CA 95834

**INTERNET ADDRESS:**

[www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)

**TELEPHONE AND FAX NUMBERS:**

(916) 574-7570 phone (916) 575-7281

**AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:**

Sections 7300 to 7457, inclusive, comprising Chapter 10 Division 3, of the California Business and Professions Code.

**CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:**

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

**PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED:**

The information requested will be used to determine qualifications for licensure or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

**ANY KNOWN OR FORESEEABLE DISCLOSURES WHICH MAY BE MADE OF THE INFORMATION:**

Your completed application becomes the property of the board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

**SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN) DISCLOSURE**

Disclosure of your SSN or ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c)(2)(C)] authorizes collection of your SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

**AB 1424**

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.