



State and Consumer Services Agency - Governor Edmund G. Brown Jr.
Board of Barbering and Cosmetology
P.O. Box 944226, Sacramento, CA 94244-2260
P (800) 952-5210 F (916) 575-7281 | www.barbercosmo.ca.gov



APPLICATION FOR AN APPRENTICE LICENSE AND APPROVAL OF TRAINER AND ESTABLISHMENT

<i>Fee Received (for official use only)</i>	APPLICATION AND LICENSE FEE \$25.00		<i>ID Number (for official use only)</i>																										
Apprentice Type	<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Barber	<input type="checkbox"/> Electrologist																										
SECTION A: APPLICANT INFORMATION (complete sections A, D and E)																													
SSN or TIN Number <table border="1"><tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>				-			-							Date of Birth <table border="1"><tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Month Day Year				-			-							Telephone Number	
			-			-																							
			-			-																							
Last Name	First Name	Middle Name																											
Address	City	State	Zip Code																										
<i>I hereby certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate. I have agreed to and I have read and understand the rules and regulations regarding apprentices.</i>																													
Signature of Apprentice	Date																												
SECTION B: TRAINER INFORMATION AND CERTIFICATION																													
Trainer Last Name	First Name	Middle Name																											
<i>I certify the following under penalty of perjury (initial each line below):</i>																													
<input type="checkbox"/> I possess a valid License issued by the Board (BBC): License Type: _____ Number: _____ Exp Date _____ (A copy of your license must be attached)																													
<input type="checkbox"/> I have no outstanding fines or citations.																													
<input type="checkbox"/> I have no disciplinary action pending against me, nor have I completed a probationary period within the last 2 years.																													
<input type="checkbox"/> I have signed a statement of trainer responsibilities that is maintained on the premise of the establishment listed.																													
<i>I certify under penalty of perjury under the laws of the State of California that the information contained in this section is true and correct. I have agreed to take on the responsibility of training the above named apprentice and have read and understand the rules and regulations governing apprentices.</i>																													
Signature of Trainer	Phone Number	Date																											
SECTION C: ESTABLISHMENT INFORMATION AND CERTIFICATION																													
Establishment Name	Telephone Number																												
Address	City	CA	Zip																										
<i>I certify the following under penalty of perjury that the establishment (initial each line below):</i>																													
<input type="checkbox"/> I possess a valid Establishment License issued by the Board (BBC): License Number: _____ Exp Date _____ (A copy of your establishment license must be attached)																													
<input type="checkbox"/> Has no outstanding fines or citations.																													
<input type="checkbox"/> Does not have disciplinary action pending against it, nor has it completed a probationary period within the last 2 years.																													
<input type="checkbox"/> Has a signed statement of trainer responsibilities which is maintained on the premise of the establishment.																													
<i>I certify under penalty of perjury under the laws of the State of California that the information contained in this section is true and correct. I have agreed to take on the responsibility of employing the above named apprentice and have read and understand the rules and regulations governing apprentices.</i>																													
Signature of Establishment Owner	Printed Name	Date																											

SECTION D: APPLICANT BACKGROUND INFORMATION

Has the California State Board of Barbering and Cosmetology ever issued you a license? No Yes

If yes, provide license type(s), number(s) and date(s) issued _____

You must disclose all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under Penal Code Section 1000 or 1203.4. It is not necessary to report traffic violations of \$500.00 or less.

Have you ever been convicted of, or pled no contest to, a violation of any law of the United States, any state or local jurisdiction, or any foreign country? No Yes

Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country? No Yes

If yes, please download and complete the Disclosure Statement Regarding Criminal form our website at http://www.barbercosmo.ca.gov/forms_pubs/criminal_pleas_disc.pdf

SECTION E: APPLICATION CHECKLIST

Please include the following items with your application. These items must be attached to the application or your application will be considered incomplete and will delay the issuing of your apprentice license.

- Copy of your valid government issued photo identification*
- Copy of your valid Social Security Card (SSN) or Taxpayer Identification Card (TIN)
- DAS registration approval screen print
- Copy of valid license for the establishment
- Copy of valid license for the trainer

* All licensees must have a current valid government issued photographic identification to verify identification upon request by a state Board inspector. Acceptable forms of identification are as follows: photographic drivers license (any state), state identification card (issued by the state Department of Motor Vehicles-any state), U.S. military identification, valid passport (valid foreign passport with valid record of arrival/departure-form I-94 or processed for I-551 stamped in a valid foreign passport), U.S. immigration and naturalization issued identification, certificate of united States citizenship must be current and valid.

SECTION F: PROGRAM SPONSOR CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate and that the applicant has completed a 39 hour pre-apprentice training program by a Board approved provider.

Signature of Program Sponsor	Sponsor Code	Date
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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

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.