



## APPRENTICE DROPPING AND/OR ADDING A TRAINER

**Dropping a Trainer (Complete A, B, D, & E)**
                         
  **Adding a Trainer (Complete A, C, D, & E)**

### SECTION A: APPRENTICE INFORMATION

License Type	License Number	Expiration Date
□□	□□□□□□□□	□□-□□-□□□□□□
Last Name		First Name
		Middle Name
Total OJT Hours Completed to Date		Total RSI Hours Completed to Date

### SECTION B: CURRENT TRAINER INFORMATION

Are you dropping this Trainer?     Yes     No

Last Name	First Name	License Type	License Number
		□□	□□□□□□□□

Are you dropping this Trainer?     Yes     No

Last Name	First Name	License Type	License Number
		□□	□□□□□□□□

### SECTION C: NEW TRAINER INFORMATION (submit additional forms to add additional trainers)

I want to **add** this Trainer     I **do not** want to add a Trainer *(leave section blank)*

Last Name	First Name
License Type	License Number
□□	□□□□□□□□
Expiration Date	
□□-□□-□□□□□□	

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 (initial each line below):

\_\_\_ I have no outstanding fines or citations.

\_\_\_ I have no have disciplinary action pending against me, nor have I completed a probationary period within the last 2 years.

\_\_\_ I have signed a Statement of Trainer Responsibilities which is available within the establishment.

\_\_\_ Attached is a copy of the breeze screen print showing a current license.

Signature of Trainer	Phone Number	Date

### SECTION D: APPRENTICE 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.*

Signature of Apprentice	Phone Number	Date

### SECTION E: 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.*

Signature of Program Sponsor (not a stamp)	Program Sponsor Code	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:** Phone: (916) 574-7570 Fax: (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):** 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.

**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.