



APPRENTICE LICENSE EXTENSION REQUEST

An extension of an apprentice license may be requested one time during the 2-year period an apprentice license is valid. If the license is cancelled, an extension cannot be approved. California Code of Regulations 916(a) states in part, "Full-time apprenticeship means employment and training in an approved program for at least 32 hours per week. No more than eight and one-half hours credit will be allowed for any one work day nor will credit be allowed for more than five days in one week. The maximum training hours shall not exceed 42-1/2 hours per week." Working the required hours will allow an apprentice to complete the program in 18-21 months, with at least 3 months left on the apprentice license. Good cause for a license extension shall include, but is not limited to, delays in applying for and taking the examination caused by:

- Armed Forces (Attach copy of military documents)**
- Medical reasons (Attach a physician's note with signature)**

If you do not attach documents, the extension will be denied.

If your request for an extension is granted, you will be mailed a new copy of your license with the new expiration date (free of charge).

SECTION A: APPRENTICE INFORMATION (complete sections A, D, and H)

License Type and 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"/>				Expiration Date <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 Name		First Name			Middle Name		
Address		City		State CA	Zip		

SECTION B: ESTABLISHMENT INFORMATION (complete sections B and E)

Establishment Name				Phone Number			
Address		City			State CA	Zip	
License Type and Number A <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Expiration Date <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 C: TRAINER INFORMATION (complete sections C and F)

Last Name		First Name			Middle Name			
License Type <input type="text"/> <input type="text"/>	Trainer 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"/>				Expiration Date <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 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
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SECTION E: ESTABLISHMENT CERTIFICATION

I certify the following under penalty of perjury that the establishment (initial each line below):

I have attached a copy of the Breeze License Search Screen of my valid license to this application.

Has no outstanding fines or citations.

Does not have disciplinary action pending against it, nor has it completed a probationary period within the last 2 years.

I have a signed statement of trainer responsibilities that is maintained on file in the establishment, for each trainer of the apprentice.

Signature of Establishment Owner	Printed Name	Date
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SECTION F: TRAINER CERTIFICATION

I certify the following under penalty of perjury (**trainer** to initial each line below):

I have attached a copy of the Breeze License Search Screen of my valid license to this application.

I have no outstanding fines or citations.

I have no 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 available within the establishment.

Signature of Trainer	Phone Number	Date
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SECTION G: PROGRAM SPONSOR CERTIFICATION

An apprentice license can only be extended for 3 months. If the apprentice is requesting an extension to complete the required OJT and/or RSI hours, and the time needed is more than 3 months, the extension will be denied.

OJT Hours Completed	Related Training Hours Completed	Anticipated Completion
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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)	Sponsor Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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: 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.