



CERTIFICATE OF BARBER APPRENTICE

COMPLETION or DISCONTINUANCE

(Hours will expire if not completed within 3 years)

SECTION A: APPRENTICE INFORMATION					
License Number CB <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"/> Month Day Year		
Last Name		First Name		Middle Name	
Address		City	State CA	Zip	
Phone Number		Date of Birth	Social Security Number or ITIN		
SECTION B: PRACTICAL HOURS AND OPERATIONS COMPLETED					
Total OJT Hours Completed:		Related Training Hours Completed:		Date Training Completed:	
On the Job Training Hours and Operations					
Hair Dressing	Hours	Operations	Health and Safety	Hours	Operations
Hairstyling			Laws and Regulations		N/A
Permanent Waving			Health and Safety Considerations		N/A
Hair Coloring and Bleaching			Disinfection and Sanitation		N/A
Hair Cutting			Anatomy and Physiology		N/A
Training in Shaving	Hours	Operations			
Preparation and Performance					
SECTION C: PRIOR CREDIT OF HOURS (Complete this section if the apprentice is using hours from another program sponsor. Attach a copy of their certification of discontinuance from the previous program sponsor)					
Program Sponsor Name			Sponsor Code		Date of Last Attendance
Prior OJT Hours Received:			Prior Related Training Hours Completed:		
SECTION D: DISCONTINUANCE (Complete only if the apprentice has NOT completed the program)					
Why is the apprentice being discontinued? <input type="checkbox"/> Quit <input type="checkbox"/> Dropped, Explain:					
Is the license being returned? <input type="checkbox"/> Yes <input type="checkbox"/> No, Explain:					
SECTION E: CERTIFICATION AND SIGNATURES					
Check one: The apprentice <input type="checkbox"/> has* <input type="checkbox"/> has not met the course curriculum requirements. <i>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. No stamped signatures accepted.</i>					
Signature of Apprentice				Date	
Signature of Trainer				Date	
Signature of Program Sponsor				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

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.