



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
 DEPARTMENT OF CONSUMER AFFAIRS • BOARD OF BARBERING AND COSMETOLOGY  
 P.O. Box 944226, Sacramento, CA 94244-2260  
 Phone: (800) 952-5210 Email: [barbercosmo@dca.ca.gov](mailto:barbercosmo@dca.ca.gov)  
 Website: [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)



## CERTIFICATE OF COSMETOLOGY APPRENTICE

**COMPLETION** or  **DISCONTINUANCE**

(Hours will expire if not completed within 3 years)

<b>SECTION A: APPRENTICE INFORMATION</b>					
License Number <b>CA</b> <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 <b>CA</b>	Zip	
Phone Number		Date of Birth		Social Security Number or ITIN	
<b>SECTION B: PRACTICAL HOURS AND OPERATIONS COMPLETED</b>					
Total OJT Hours Completed:		Related Training Hours Completed:		Date Training Completed:	
<b>On the Job Training Hours and Operations</b>					
<b>Hair Dressing</b>		<b>Hours</b>	<b>Operations</b>	<b>Health and Safety</b>	
Hair Styling				Laws and Regulations	
Permanent Waving and Chemical Straightening				Health and Safety Considerations	
Hair Coloring and Bleaching				Disinfection and Sanitation	
Hair Cutting				Anatomy and Physiology	
<b>Esthetics</b>		<b>Hours</b>	<b>Operations</b>	<b>Manicuring</b>	
Manual Electrical and Chemical Facials				Manicuring and Pedicuring	
Eyebrow Beautification and Makeup				Artificial Nails and Wraps	
<b>SECTION C: PRIOR CREDIT OF HOURS</b> (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:		
<b>SECTION D: DISCONTINUANCE</b> (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:					
<b>SECTION E: APPLICANT/SPONSOR AND TRAINER CERTIFICATION</b>					
<b>Check one:</b> The apprentice <input type="checkbox"/> <b>has*</b> <input type="checkbox"/> <b>has not</b> 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. <b>No stamped signatures accepted.</b></i>					
Signature of Apprentice				Date	
Signature of Trainer				Date	
Signature of Program Sponsor				Date	