



(1002) COSMETOLOGIST APPLICATION FOR EXAMINATION AND INITIAL LICENSE FEE* \$125.00 (non-refundable)

*If you are applying as a spouse or registered domestic partner of an active military member (Section E(5)) or have served as an active duty member and have been honorably discharged from the United States Armed Forces (Section E(6), please check this box

Cashiering Use Only: 1015	Entity #	Receipt #	Amount \$
--	----------	-----------	--------------

I qualify for the examination as a (See Section D) (choose one):
 California Student
 California Apprentice
 Out of State
 Out of Country
 Previously Licensed

SECTION A: APPLICANT INFORMATION Attach a copy of your government-issued photographic identification.
NOTE: The name on the identification and the name entered on this application must match to gain admission to the examination.

Social Security Number or Individual Taxpayer Identification 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"/> <input type="text"/>	Date of Birth (must be at least 17 years old) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>
---	--

Last Name (print clearly)	First Name	Middle Name
---------------------------	------------	-------------

Note: Double check your address, and notify the Board of Barbering and Cosmetology (Board) immediately via email at barbercosmo@dca.ca.gov if your address changes. Government mail is not forwarded.

Address (This is the address where your scheduling letter will be mailed)	Apartment # (if applicable)
City	State Zip Code

Telephone 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"/> <input type="text"/> <input type="text"/>	E-mail Address
---	----------------

SECTION B: SCHOOL/GRADUATION INFORMATION (California Students Only)*

School Name	School Phone Number
-------------	---------------------

Date you Started Training at this School <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>	Date you Completed Training at this School <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>	Total Hours Completed <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
---	---	--

*Attach your Proof of Training Document(s) (except previously licensed – see section D) or for apprentices your Certificate of Completion.

SECTION C: EXAM INFORMATION

Exam Location <input type="checkbox"/> North (Fairfield) <input type="checkbox"/> South (Glendale)	Exam Language Preference <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Korean These examinations are translated into the most universal or neutral version of each language to be acceptable to the widest possible audience.
---	---

Interpreter: If you do not speak and read one of the language preferences above, attach a completed Interpreter or Interpreter/Model Forms G & H with this application.	Reasonable Accommodation: If you require a reasonable accommodation to take the exam, attach a completed Request for Reasonable Accommodation form with this application.
--	--

NOTE: Once the Board has scheduled you to take the practical portion of the exam, the practical exam date cannot be changed. If you cannot take your practical exam on the scheduled date, you must submit an Application for Re-Examination and pay the required fee. If there is an upcoming date you cannot take the exam, the Board will schedule you after that date.

Please schedule me after this date: _____

SECTION D: QUALIFICATIONS (choose one)**California Students**

- I completed the required hours from a California Board approved school(s) and attached the Proof of Training Document(s).
- I previously held a license in the State of California that was cancelled. License Number: _____
Name as it appeared on the previous license: _____

California Apprentices

- I completed my California apprentice training and have attached a Certificate of Completion.

Military Training

- I completed comparable military training and have attached my Verification of Military Experience and Training records.

Out of State Applicants

- I studied in another state and did not receive a license. I am submitting an Out-of-State Applicant School Training Record – Form B and transcripts with this application to the Board.
- I hold a current (or expired) license in another state. The current license has been active for **less than** 3 years. I requested the other state to send a Certification of Licensure* **directly** to the Board.
State Name _____ License Type _____ License # _____
* **Washington** state applicants are not required to submit a Certification of Licensure (attach a copy of your license).

Out of Country Applicants

- I attended school and/or held a license in another country.
Country _____ License Type _____ License # _____
The Board will be requesting additional information to verify the education you received meets the Board's requirements.

Reciprocity Applicants

If you hold a current license in another state and have held that license for at least 3 years, please see Reciprocity information on page 4.

SECTION E: BACKGROUND INFORMATION

1. Have you ever been convicted of or pled no contest to, a violation of any law of the United States, in any state, local jurisdiction, or any foreign country? No Yes **If yes**, please complete the Disclosure Statement Regarding Criminal Pleas/Convictions form with this application. If needed, the Board will send you a letter requesting additional information.
2. Have you ever had any professional or vocational license or application 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 complete the Disclosure Statement Regarding Disciplinary Action form with this application. If needed, the Board will send you a letter requesting additional information.
3. Do you hold any license(s) with the California Board? No Yes **If yes**, License Number(s) _____. If the name on your other license(s) does not match the name on this application, please submit a Notification of Name Change form with the required documentation with this application.
4. Have you served, or are you currently serving, in the military? No Yes
5. Are you a spouse or registered domestic partner of an active military member and are requesting this application be expedited? No Yes **If yes**, attach a copy of your certificate of marriage or domestic partnership, and a copy of your spouse's or registered domestic partner's current military ID and verification of their active duty status.
6. Have you served as an active military member and have been honorably discharged from the United States Armed Forces and are requesting this application be expedited? No Yes **If yes**, attach a your discharge papers.
7. Have you completed the 10th grade in a public school or its equivalency? No Yes **If no, you cannot proceed.**
8. (Optional) What is your spoken and written language preference? _____

SECTION F: APPLICANT CERTIFICATION

*I certify that I have read and understand the information, **Know Your Workers' Rights**, provided by the California Board of Barbering and Cosmetology. I certify that I have read and understand the laws and regulations pertaining to this profession in California. I 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

Date