



COSMETICA COSMETOLOGY & BARBERING UNILATERAL APPRENTICESHIP COMMITTEE

Sponsor of the Apprenticeship Program

REGISTRATION

FI-C-001

Versión

1.3

9050 Telegraph Road Suite 102A Downey CA 90240 (562) 862-4770 Fax: (562) 862-8399

Date: \_\_\_\_\_

Course:  Barbering  Cosmetology

Employer (No Contribution)  
 Trainer (No Contribution)

Booth Renter (No Contribution)  
 Apprentice (\$85.00 Administrative Fee)

**Establishment/Employer Information**

Establishment /Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Business Type:  Sole Proprietorship  Partnership  Corporation  Booth Renter

BBC License No: **A** \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Gender:  Female  Male

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_ or ITIN: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

**(If applicable to Owner:)** BBC License No. : \_\_\_\_\_ Expiration Date. : \_\_\_\_\_

**Trainer Information**

Trainer's Name: \_\_\_\_\_ Gender:  Female  Male

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_ or ITIN: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

BBC License No. : \_\_\_\_\_ Expiration Date. : \_\_\_\_\_

**Apprentice Information**

Apprentice's Name: \_\_\_\_\_ Gender:  Female  Male

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_ or ITIN: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

**I, \_\_\_\_\_ have certified that I have read, received and understand the Standards of the Apprenticeship Program:**

\_\_\_ I understand must comply with the Laws, Rules and Regulations stipulated by Cosmetica CBUAC, that operates under the statues of The Department of Apprenticeship Standards (DAS), The Department of Industrial Relations (DIR), The Board of Barbering and Cosmetology (BBC) and Local Education Agency (LEA).

\_\_\_ I authorize Cosmetica CBUAC to contact me via phone, email, voicemail, and SMS regarding any administration fees or any additional information towards my status.

\_\_\_ I authorize Cosmetica CBUAC to use and distribute my image on social media and for advertisement purposes.

\_\_\_ I certify under penalty of perjury under the laws of the State of California that the information provided on this application is true and correct to the best of my knowledge that all statements made on this form are subject to investigation, and that any false or dishonest answer to any question may be for denial or subsequent revocation of this application.

Applicant Signature

Date