



STATEMENT OF TRAINER RESPONSIBILITIES

Per California Code of Regulations 925, a Statement of Trainer Responsibilities is **required** to be on file for each trainer of an apprentice. If the apprentice has multiple trainers, each trainer is required to fill out and sign this document. This document must remain on file in the establishment and shall be presented to the board or its representative upon request.

SECTION A: APPRENTICE INFORMATION

Last Name	First Name	Middle Name
Date of Birth	Apprentice License Number (if applicable)	
Apprentice Start Date	Apprentice Anticipated End Date	

SECTION B: ESTABLISHMENT INFORMATION AND CERTIFICATION

Establishment Name	License Number	Expiration Date	
Address	City	State CA	Zip
Owner Name	Signature	Date	

SECTION C: TRAINER INFORMATION AND CERTIFICATION

Print Name	License Number	Expiration Date
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I understand I am responsible for training the apprentice listed above and understand the following:

___ The apprentice is required to work a minimum of 32 hours to a maximum of 42 ½ hours per week in a licensed establishment (CCR 916 Training Hours and Schedule).

___ As the trainer of this apprentice, I am responsible for presenting the apprentice daily work records upon request to a Board representative. These records are to be up to date and current. I am aware the establishment owner and trainer can be cited up to \$200 if these records are not available (CCR 920 Record of Apprentice Training).

___ The apprentice can only work under the supervision of their designated trainer (myself) or other designated trainer listed on their records with the Board, and in the location listed on their apprentice license. I am aware both the owner of the establishment and apprentice can each be cited up to \$1,000 if the apprentice is working without the supervision of their Board approved trainer(s) (B&P Code 7336).

Trainer Signature	Date
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SECTION D: APPROVED PROGRAM SPONSOR INFORMATION

This section is **only** for the Approved Program Sponsor information.

Approved Apprenticeship Program Sponsor Name	Sponsor Code
Printed Name	Signature (not a stamp)
	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.