



**BOARD OF BARBERING AND COSMETOLOGY**  
P.O. Box 944226, Sacramento, CA 94244-2260  
P (800) 952-5210 F (916) 575-7281 [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)



## APPLICATION FOR EXAMINATION AND INITIAL LICENSE FEE

<b>Cashiering Use Only:</b>	Cashiering (Entity #)	Cashiering (Receipt)	Cashiering (Amount) \$
Check one box for type of license to which you are applying:			
<input type="checkbox"/> <b>C</b> osmetologist Exam fee \$75 License fee \$50 <b>Total Fee = \$125.00</b> <b>Non-Refundable</b>	<input type="checkbox"/> <b>B</b> arber Exam fee \$75 License fee \$50 <b>Total Fee = \$125.00</b> <b>Non-Refundable</b>	<input type="checkbox"/> <b>E</b> lectrologist Exam fee \$75 License fee \$50 <b>Total Fee = \$125.00</b> <b>Non-Refundable</b>	<input type="checkbox"/> <b>M</b> anicurist Exam fee \$75 License fee \$35 <b>Total Fee = \$110.00</b> <b>Non-Refundable</b>
<input type="checkbox"/> <b>E</b> sthetician Exam fee \$75 License fee \$40 <b>Total Fee = \$115.00</b> <b>Non-Refundable</b>			
<b>SECTION A: APPLICANT INFORMATION</b>			
Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ][ ]		Date of Birth (Must be 17 years old) [ ][ ]-[ ][ ]-[ ][ ][ ][ ][ ] Month Day Year	
<b>(Please include a copy of your government-issued photographic identification with this application.)</b>			
Last Name (Print Clearly)		First Name	Middle Name
<b>Note:</b> Every year hundreds of applicants miss their scheduled exam date as they did not put their correct address on this application or they moved before their exam date. Please double check your address, and notify the board if you move.			
Address (This is the address where your scheduling letter will be mailed)		Apartment # (if applicable)	
City	State		Zip Code
Telephone Number ( )		E-mail Address (not required)	
School Code (California Students Only)	Date you started School	Date you Graduated (for pre-app students your anticipate grad date)	
Have you completed the 10th Grade in a public school or its equivalency (12th grade for electrology applicants)? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, you cannot proceed with this application.			
<b>SECTION C: EXAM INFORMATION (See instructions, additional forms may be required)</b>			
Exam location <input type="checkbox"/> <b>North (Fairfield)</b> <input type="checkbox"/> <b>South (Glendale)</b>	Exam language preference <input type="checkbox"/> <b>English</b> <input type="checkbox"/> <b>Vietnamese</b> <input type="checkbox"/> <b>Spanish</b> <input type="checkbox"/> <b>Korean</b>	Do you require reasonable accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please complete the Request for Reasonable Accommodation form with all supporting documentation and attach to this application.	
<b>If you do not speak and read one of the above languages, you may bring an interpreter/model.</b> Do you need an interpreter or interpreter/model? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, submit completed Request for Interpreter forms G & H and attach to this application. Please refer to the "Interpreter or Interpreter/Model Instructions" for qualifications.			
<b>Note:</b> Complete applications are processed first. Submitting an incomplete application will delay your exam by 8 to 12 weeks. If you cannot take your practical exam on your scheduled exam date you must submit a re-exam application and pay all the required fees. If there is an upcoming date you cannot take the exam, please note below, the board will schedule you after this date.			

## SECTION B: QUALIFICATIONS (Choose one)

### California Students

- ☐ I graduated from a California Board approved school and attached the Proof of Training Document.
- ☐ I am still attending a California Board approved school, and have been approved by my school to submit a pre-application, which is attached. I am including the \$9.00 pre-application fee with the above examination/licensing fees in ONE payment.
- ☐ I previously held a license in the State of California which was cancelled. License Number: \_\_\_\_\_  
Name as it appeared on the previous license: \_\_\_\_\_

### California Apprentice

- ☐ I completed my California apprentice training and have attached a certificate of completion.
- ☐ I am currently in the California apprentice program and have been approved by my sponsor to submit a pre-application, which is attached. I am including the \$9.00 pre-application fee with the above examination/licensing fees in ONE payment.

### Out of State/Out of Country

- ☐ I completed my schooling in another state, but did not receive a license. Have the school submit a completed Form B (Out of State School Training Record) directly to the Board. Form B may also be faxed to 916/ 575-7281.
- ☐ I went to school and/or held a license in another country, and I have requested an Evaluation Service to evaluate my credentials and send a report directly to the Board. **See instructions for out of country evaluation services.**
- ☐ I hold a current license in another State; it has been active for **less than 3 years**. \*I have requested the State with which I hold a current license send a Ccertification of Licensure directly to the Board. **See Instructions.**  
**State Name** \_\_\_\_\_ **License Type** \_\_\_\_\_ **License #** \_\_\_\_\_  
\*Washington State applicants are not required to submit a certification. Please submit a copy of your Washington State License with this application.

### Reciprocity

If you hold a license in another state, and have held that license for at least the last 3 years, you qualify for reciprocity in California and are not required to take the exam. If you currently hold a valid license in a another state for three years complete the "APPLICATION FOR RECIPROCITY & INTIAL LICENSE FEE" located on the Board's website at [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov). Do not submit a reciprocity application if you have not held an out of state license for at least 3 years.

## SECTION D: 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, which can be found on the Board's web site under Commonly Used forms. If needed the Board will send you a letter requesting additional information.
2. Have you ever had any professional or vocational license or registration 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, which can be found on the Board's web site under Commonly Used forms. If needed the Board will send you letter requesting additional information.
3. Do you hold another license with the Board? ☐ No ☐ Yes

If yes and the name on your other license do not match the name on this application please submit a "Name Change" form with the required documentation.

## SECTION E: APPLICANT CERTIFICATION

*I certify that I have read and understand the laws and regulations pertaining to the 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 \_\_\_\_\_

### Check List

- Check your address (Please notify the Board if your address changes)
- If you require an interpreter/model, complete the interperer application and submit 2 passport sized photos.
- Double check your exam location and exam language.
- Complete applications are processed first.
- Please include a copy of your valid government issued ID.

**Make sure your application has been completely filled out, signed and you have included the correct fee before mailing.**

# APPLICATION FOR EXAMINATION INSTRUCTIONS

## REQUIREMENTS

Qualifications to take the Board of Barbering and Cosmetology (Board) exams:

- Be at least 17 years of age
- Has completed the 10<sup>th</sup> grade in a public school or it's equivalent (12<sup>th</sup> grade for Electrologist)
- Has committed no acts or crimes constituting grounds for denial of licensure under Section 480 of the Business and Professions Code, and
- Has completed the following hours in a Board Approved School/or completed a 3200 hour apprentice program in California:

Cosmetologist  
1600 Hours

Manicurist  
400 Hours

Barber  
1500 Hours

Esthetician  
600 Hours

Electrologist  
600 Hours

## RECIPROCITY

The board shall grant a license without an examination to an out of state applicant if the applicant submits all of the following to the Board:

- (a) A completed application form and all fees required by the board
- (b) Proof of a current license issued by another state to practice that meets all of the following requirements:
  - (1) It is not revoked, suspended, or otherwise restricted.
  - (2) It is in good standing.
  - (3) It has been active for three of the last five years, during which time the applicant has not been subject to disciplinary action or a criminal conviction.

**TO APPLY FOR RECIPROCITY, YOU MUST COMPLETE THE FORM "APPLICATION FOR RECIPROCITY & INITIAL LICENSE FEE" LOCATED ON OUR BOARD'S WEBSITE AT [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov). RECIPROCITY CANDIDATES ARE SUBJECT TO ONLY THE LICENSE FEE AS NO EXAMINATION IS REQUIRED.**

## APPLICATION CHECK LIST

Ensure the entire application is complete. INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU AND WILL DELAY THE PROCESSING OF YOUR APPLICATION.

- ☐ Complete the entire application.
- ☐ Submit the correct application/examination, pre-application and license fee by attaching ONE check or money order. ALL FEES MAY BE SUBMITTED IN ONE PAYMENT. DO NOT SEND CASH.
- ☐ Any additional forms or requests required based on your responses on the application. Additional forms can be downloaded from the internet at [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)

**Form C**  
Out of State  
Affidavit of  
Experience

**Form G and H**  
Interpreter  
Forms

Reasonable  
Accommodation  
Form

Request for  
Out of Country  
Evaluation

Name and/or  
Address Change  
Form

Please allow 6 to 8 weeks to process your application.

## HELPFUL HINTS

- Submit a check with your application; it will help you track your application status.
- Incomplete applications will be returned, and delay your application process.
- It can take up to 12 weeks to process an application. If you do not receive a California State Board admission letter in 12 weeks, please call the Board at 1-800-952-5210 to check the status.
- If you are coming from out of state, you must request the state board where you currently hold your license send a certification of licensure to the California Board of Barbering and Cosmetology at the same time or before you submit your application to the California State Board. This will help process your application in a timely manner.

## LOCATION PREFERENCE

Indicate whether you wish to take your examination at either the Board's Glendale or Fairfield examination site.

## LANGUAGE PREFERENCE

Indicate the language you would like to take your examination. All written examinations and practical instructions are offered in English, Spanish, Korean and Vietnamese.

## PROOF OF TRAINING

Every first time application for examination (excluding pre-applications), where the applicant received training from a California approved school must be accompanied by proof of training document. Please do not send your diploma or transcripts.

## REASONABLE ACCOMMODATIONS

The Board provides reasonable accommodations for applicants with disabilities that will affect their ability to take the required licensing examinations. Applicants needing reasonable accommodations may download the application from our website or request the form by calling the Board. This form must be completed by a medical professional and returned to the Board with any necessary medical documentation for approval before an examination date can be scheduled. Forms G & H are required if you are requesting use of your **own** reader or signer.

## INTERPRETER OR INTERPRETER/MODEL

**USE OF AN INTERPRETER OR INTERPRETER/MODEL:** Indicate if you will be using an interpreter (for the written exam) or an interpreter/model (for both the written and practical exams) and indicate your native language. Each applicant must have prior authorization from the Board to use an interpreter or interpreter/model during the examination. The applicant must complete Form G (Request for Use of an Interpreter or Interpreter/Model). The interpreter or interpreter/model must complete Form H (Authorization to Use an Interpreter, Interpreter/Model) and provide two identical 1 1/2" x 1 1/2" photos, signed on the back by the interpreter or interpreter/model. Both forms must be submitted with the application for examination.

Note: An Interpreter/model can only be used for the Barber or Electrology practical exams. However, an Interpreter may be used for both parts of the examination for the Cosmetology, Esthetician, or Manicurist if you qualify for the use of an interpreter.

**THE APPLICANT CANNOT CHANGE INTERPRETERS OR INTERPRETER/MODELS UNLESS NEW FORMS (G & H) AND PHOTOGRAPHS ARE RECEIVED AND APPROVED BY THE BOARD at least 15 DAYS PRIOR TO THE APPLICANT'S SCHEDULED EXAMINATION DATE.** Please refer to "Interpreter or Interpreter/Model Instructions" to determine if you meet the qualifications for use of an interpreter or interpreter/model.

## OUT OF STATE APPLICANTS

Request your licensing state to send a Certification of Licensure **directly** to the California State Board of Barbering and Cosmetology. If you are licensed in more than one state, you may elect to submit a certification request to the state(s) of your choice. Should your certification arrive to the California State Board before your other documents, it will be kept on file for one year. Please note some states charge a fee to certify your license and you are responsible for the incurred expense.

If you never received a license, but completed your schooling in another state. Have the school submit a certified copy of your transcripts or proof of training document in a sealed envelope **directly** to the Board.

**Form C** (Affidavit of Experience) This form is only required if you do not meet the required number of hours for licensure. In order for the Board to consider granting credit based on your work experience as a licensed practitioner, complete Form C as indicated. The person(s) verifying your work experience must be a disinterested party (i.e., employer, peer, or someone other than a family member). Each three months of licensed practice shall be deemed the equivalent of 100 hours of training for qualification.

## OUT OF COUNTRY APPLICANTS

Contact one of the following evaluation services. Ask for a "**general evaluation.**" Upon completion of your evaluation, the evaluation service will send the report directly to the Board and will forward a copy to you for your records.

International Education  
Research Foundation, Inc.  
(IERF)  
P.O. Box 3665  
Culver City, CA 90231-3655  
Telephone: (310) 258-9451  
Fax Number: (310) 342-7086  
Email: [info@ierf.org](mailto:info@ierf.org)  
Website: [www.ierf.org](http://www.ierf.org)

Span Tran Educational  
Services, Inc.  
7211 Regency Square Blvd.,  
#205  
Houston, TX 77036  
Telephone: (713) 266-8805  
Website: [www.spantran-edu.com](http://www.spantran-edu.com)

Educational Credential Evaluations  
(ECE)  
P.O. Box 514070  
Milwaukee, WI 53203-3470  
Telephone: (414) 289-3400  
Fax Number: (414) 289-3411  
Email: [eval@ece.org](mailto:eval@ece.org)  
Website: [www.ece.org](http://www.ece.org)

Academic & Credential  
Records, Evaluation, &  
Verification Service (ACREVS)  
1776 Clear Lake Ave.  
Milpitas, CA 95035-7014  
Telephone: (408) 719-0015  
Website: [www.acrevs.com](http://www.acrevs.com)



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## **INFORMATION COLLECTION, ACCESS AND DISCLOSURE**

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](http://www.barbercosmo.ca.gov)

### **TELEPHONE AND FAX NUMBERS**

(916) 574-7570 phone (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**

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.