



PRE-APPROVAL APPLICATION FOR
CRIMINAL PLEAS/CONVICTIONS (No Fee Due)

TYPE OF LICENSE YOU WILL APPLY FOR (Choose One)

BARBER COSMETOLOGIST ESTHETICIAN MANICURIST ELECTROLOGIST

SECTION A: APPLICANT INFORMATION

Social Security Number and Date of Birth (Must be at least 17 years old) fields with input boxes.

Last Name (Print Clearly), First Name, and Middle Name fields.

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

Address and Apartment # (if applicable) fields.

City, State, and Zip Code fields.

Telephone Number and E-mail Address (not required) fields.

SECTION B: CONVICTION INFORMATION (Please complete one form for each plea or conviction, regardless of when the crime was committed).

Arresting Agency, Plea/Conviction Date, and Court Case/Docket Number fields.

Court Name and Location, and Violation Code(s) fields.

Sentence (Please describe any Punishment imposed by the court) field.

Incarceration Date, Release Date, Probation/Parole Date, and Release Date fields.

Details of Crime: Please provide details of this crime, including a complete description of the facts and circumstances that led to your conviction. You should include who participated in the crime, who the victim was, what losses were suffered, and when, where and how the crime occurred. Attach additional pages as needed.

SECTION B: CONVICTION INFORMATION (continued)

Details of Crime (continued):

Explanation of Crime: Please explain why you committed this crime. Attach additional pages as needed.

Rehabilitation Efforts: What positive changes have you made in your life since this conviction? Please attach documentation to support the rehabilitation efforts. Attach additional pages as needed.

SECTION C: APPLICANT CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this form are true and accurate to the best of my knowledge.

Date

THIS IS NOT AN APPLICATION FOR EXAMINATION

Once you have completed the required hours please submit the following documents to the Board for further processing:

- * An Application for Examination and Initial License Fee or Pre-Application for Examination and Initial License Fee with the appropriate fee
- * Proof of Training Document issued from a Board approved school (Pre-Applications excluded)
- * A copy of this approval application to start the processing of your application

Please note all new convictions not previously disclosed on this form must be disclosed on the application for examination. Failure to disclose any additional criminal convictions may result in disciplinary action.

FOR OFFICIAL BBC USE ONLY (DO NOT FILL OUT THIS SECTION)

PRE-APPROVAL: Approved Denied (see attached) By _____

Case No. _____

Entity No. _____



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

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.