



(1011) Application for Licensure by Endorsement (Reciprocity)

Licensing Program
 P.O. Box 944226
 Sacramento, CA 94244-2260
 Phone: (800) 952-5210
 Email: barbercosmo@dca.ca.gov
www.barbercosmo.ca.gov

Cashiering (1011) Use Only:	Entity #	Receipt #	Amount \$
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I am applying for the following license type: (Non-Refundable)

- | | | | | | |
|---|--|--|--|---|--|
| <input type="checkbox"/> Barber (1001) \$50 | <input type="checkbox"/> Cosmetologist (1002) \$50 | <input type="checkbox"/> Electrologist (1003) \$50 | <input type="checkbox"/> Esthetician (1004) \$40 | <input type="checkbox"/> Manicurist (1005) \$35 | <input type="checkbox"/> Hairstylist (1006) \$50 |
|---|--|--|--|---|--|

License Type

I qualify for expedited application processing and/or waiver of the license fee based on one of the below criteria:

Satisfactory evidence must be provided with your application. See Section B for more information.

- Honorably Discharged Veteran of the United States Armed Forces or National Guard
- I am married to or in a domestic partnership with an active duty member
- Admitted to the United States as a Refugee, Granted Asylum, or have a Special Immigrant Visa Status

Expedited Status

SECTION A: APPLICANT INFORMATION

Social Security or Individual Taxpayer Identification Number

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SSN

Date of Birth (MM/DD/YY) Must be at least 17 years old

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DOB

Last Name

First Name

Middle Name

Name

List any previously held names:

Address (All correspondence will be mailed here)

Apt Number

Address

City

State

Zip Code

Telephone Number

			-				-			
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Phone Number

Email Address

Email Address

SECTION A: APPLICANT INFORMATION Continued

(Optional) What is your spoken and written language preference ([Business and Profession Code 7314](#))?

B&P Code
7314
Language req.

SECTION B: BACKGROUND INFORMATION

1.	<p>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?</p> <p>If yes, attach a completed Disclosure Statement Regarding Criminal Pleas/Convictions form. If needed, the Board will request more information.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Convictions with docs <input type="checkbox"/></p>
2.	<p>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?</p> <p>If yes, attach a completed Disclosure Statement Regarding Disciplinary Action form. If needed, the Board will request more information.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Disciplinary Action with docs <input type="checkbox"/></p>
3.	<p>Do you hold any license(s) with a California Board?</p> <p>If yes, License Number(s): _____. If the name on your other license(s) does not match the name on this application, submit a Change of Name form with the required documentation with this application.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	<p>Were you admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status?</p> <p>If yes, please include a copy of documentation that shows the correct status.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><input type="checkbox"/> Asylum/ Refugee Docs</p>
5.	<p>Have you served as an active military member and have been honorably discharged from the United States Armed Forces or are you currently serving in the military and are requesting this application be expedited?</p> <p>If yes, attach a copy of your DD214, discharge papers, or current orders.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Military with docs <input type="checkbox"/></p>
6.	<p>Are you a spouse or registered domestic partner of an active military member and are requesting this application be expedited and the license fee be waived?</p> <p>If yes, attach a copy of your certificate of marriage or domestic partnership, a copy of your spouse's or domestic partner's current military ID, verification of their active duty status, verification that you are licensed in another state, district or territory of the United States.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Military Spouse with docs <input type="checkbox"/></p>

Please look at the qualifications below and initial the space next to the qualification. All qualifications are mandatory for licensure by reciprocity. You may only apply for reciprocity for the same license type that you currently hold.

All qualifications initiated

_____ I hold an equivalent current license in another state. (Florida Full, Facial, and Nail Specialist licenses do not qualify for Reciprocity).

License Information:

State _____ Type _____ License # _____ Date Issued _____ Expiration Date _____

_____ My license is not revoked, suspended, or otherwise restricted and I have not been subject to disciplinary action or a criminal conviction.

_____ I have requested a Certification of Licensure from the above state to be sent directly to the California Board.

SECTION D: APPLICANT CERTIFICATION

I certify that I have read and understand the information, **Know Your Workers' Rights**, provided by the Board of Barbering and Cosmetology at https://www.barbercosmo.ca.gov/consumers/workers_rights.shtml. I have read and understand the laws and regulations pertaining to this profession in California https://www.barbercosmo.ca.gov/laws_regs/index.shtml. 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.

Certification

Signature

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.