



BOARD OF BARBERING AND COSMETOLOGY
 P.O. Box 944226, Sacramento, CA 94244-2260
 Phone: (916) 574-7574 Email: barbercosmo@dca.ca.gov
 Website: www.barbercosmo.ca.gov



SIGNATURE CARD

PLEASE LIST ALL INDIVIDUALS AUTHORIZED TO SIGN AND APPROVE PROOF OF TRAINING DOCUMENTS AND REQUESTS FOR PRE-APPLICATIONS. ATTACH ADDITIONAL SHEETS IF NECESSARY. NOTE - ANYTIME YOUR SCHOOL HAS A CHANGE IN AUTHORIZED REPRESENTATIVES, A NEW SIGNATURE CARD MUST BE SUBMITTED TO THE BOARD.

SECTION A: SCHOOL INFORMATION			
School Name		School Code	
School Address (include suite number if applicable)		City	Zip Code <div style="text-align: center; font-size: 1.5em; font-weight: bold;">CA</div>
School Telephone Number ()		School Email Address	
Owner Name (print)	Owner Signature		Date
SECTION B: AUTHORIZED REPRESENTATIVE INFORMATION			
Name (print): _____ Title: _____			
SSN or ITIN: _____ Contact Phone #: _____			
Signature: _____ Date: _____			
Name (print): _____ Title: _____			
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