



Disclosure Regarding Criminal Convictions/Pleas

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

Please check this box if you are applying to have your conviction **Pre-Approved** and have not attached this Disclosure to an application

SECTION A: License Type

<input type="checkbox"/> Barber	<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Electrologist	<input type="checkbox"/> Esthetician	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Establishment/ Mobile Unit
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SECTION B: INDIVIDUAL INFORMATION

Social Security or Individual Taxpayer Identification Number

<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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Last Name	First Name	Middle Name
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Please list any previously held names:

Date of Birth (mm/dd/yy)

Address (all correspondence will be mailed to this address)

City	State	Zip Code
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Telephone number	Email address
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Section C: Establishment Information (if applicable)

If this disclosure is accompanying an Establishment application, please complete this section.

Establishment Name

Establishment Address

File or Entity Number (if known)

Section D: Conviction Information**Only list one incident per form. If you have multiple conviction dates, please use multiple forms.**

Plea/Conviction Date	Incarceration Date	Incarceration Release Date	Probation/Parole Release date
Arresting Agency	Court Name/Location	Case/Docket Number	

Violation Code(s) (Please list the penal code, health and safety code, vehicle code, etc. that was violated. If there are multiple codes, please list them all.)

Details of the Crime (This should include the “who, what, when, where, and why” of the crime that occurred. List people effected, the losses suffered, who else may have participated, as well as any other relevant information. Be as thorough as possible and include additional paper if needed.)

Rehabilitation Efforts (Please list all efforts you have made to prevent reoccurrence.)

Section E: Additional Information (if applicable)

Some convictions require additional explanation and/or paperwork. Please include any relevant court documents, personal letters, and/or arrest records that you may have that will help us to evaluate your disclosure. If you do not provide these documents and they are required, we will send you written notice to inform you of your deficiency.

SECTION F: 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.

Signature

Date

For more information regarding denial of licensure, please see:

[The Barbering and Cosmetology Act](#)

[CHAPTER 10 OF DIVISION 3 OF THE BUSINESS AND PROFESSIONS CODE](#)

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.