



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
 DEPARTMENT OF CONSUMER AFFAIRS • 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



QUARTERLY REPORT OF COMPLIANCE

Case Number	QUARTERLY REPORTING PERIOD*				
	Month	Year	to	Month	Year
License Number(s)		20__			20__
*Note about Quarterly Reporting Periods		List the reporting period for the last three months. For example, if today's date is January 7, 2019, the reporting period will be October 2018 to December 2018.			
SECTION A: RESPONDENT INFORMATION					
Last Name(s)		First Name		M.I.	
Has your address changed since last quarter?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Residence Address		City	State	Zip Code	
Residence Telephone #		Email Address			
SECTION B: EMPLOYMENT INFORMATION Are you currently employed to provide services regulated by this Board? If yes, please complete Section B.					
Business Name		Establishment License #		Establishment Phone #	
Address		City	State	Zip Code	
Work Schedule (check all the apply)			From _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			To _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
SECTION C: PROBATION INFORMATION					
Since the last quarterly report, have you:					
1. Been arrested, charged or convicted of any crime? (If yes, explain below)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Changed place of employment? (if yes, explain below)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Sold or transferred ownership of your establishment? (if applicable)			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Explanation: (attach additional information as needed)					
SECTION D: CERTIFICATION					
I hereby submit this Quarterly Report of Compliance as required by the Board of Barbering and Cosmetology and declare under penalty of perjury under the laws of the State of California that I have read the foregoing report in its entirety and know its contents and that all statements made are true, and understand that misstatements or omissions of material fact may be cause for revocation of probation.					
Probationer's Signature				Date	