

BOARD OF BARBERING AND COSMETOLOGY



P.O. BOX 944226  
SACRAMENTO, CA 94244-2260

INFORMATION: (916) 445-7061 (916) 445-7008



This Information is required by provisions of the Barbering and Cosmetology Act and Rules and Regulations of the Board of Barbering and Cosmetology, All Items are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete. This information is used to determine qualifications for use of an interpreter or interpreter/model. The official responsible for information maintenance is the Executive Officer of the Board of Barbering and Cosmetology. This information may be transferred to another governmental agency, such as a law enforcement agency, if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on him or her by this agency, unless the records are exempted by Section 1798.40 of the California Civil Code.

REQUEST FOR USE OF AN INTERPRETER OR INTERPRETER/MODEL

(Pursuant to Section 931 of the Board's Rules and Regulations, Title 16, California Code of Regulations)

FORM G

THIS FORM **MUST** BE COMPLETED BY THE **APPLICANT ONLY**

(Cosmetologist written examinations are given in English and Spanish)

(Please type or print in Ink, legibly)

1. Applicant's Name (First, Middle, Last)		2. Phone Number	
MY NATIVE LANGUAGE IS:			
Residence Address (Number and Street)		City State Zip Code	
4. I will be taking the following parts of the examination: <b>Check One.</b> Practical <input type="checkbox"/> Written <input checked="" type="checkbox"/> Both <input type="checkbox"/>			
6. Applicant's Birth Date (Month/Day/Year)		16. Social Security Number (Optional)	
I hereby state that I: <ul style="list-style-type: none"> <li><input type="checkbox"/> Am unable to speak, read or write the English language (or Spanish, if applicable) at a 10th grade level.</li> <li><input type="checkbox"/> Understand it is my own responsibility to obtain the interpreter or interpreter/model.</li> <li><input type="checkbox"/> Understand I can use an interpreter only in the written part of the exam. An interpreter/model may be used in both the practical and written portions of the examination.</li> <li><input type="checkbox"/> Understand I cannot use a particular interpreter or interpreter/model if they have acted in either of these capacities within the past TWO years.</li> <li><input type="checkbox"/> Understand that I <b>cannot</b> use an interpreter or interpreter/model if they are under 15 years of age or if they are currently or have been formerly any of the following: Students in any branch of Barbering, Cosmetology, or Electrology in this state or any other state, apprentices, or owners or employees of any school of Barbering, Cosmetology or Electrology.</li> <li><input type="checkbox"/> Understand the <b>interpreter or interpreter/model MUST BE FLUENT IN ENGLISH AND MY NATIVE LANGUAGE.</b></li> <li><input type="checkbox"/> May not be coached by the interpreter or interpreter/model during any part of the examination.</li> <li><input type="checkbox"/> Understand that the Board may tape record the interpreting of the written part of the examination.</li> </ul>			
8. Applicant's Signature (First, Middle, Last)		Check One Interpreter <input type="checkbox"/> Interpreter/Model <input checked="" type="checkbox"/>	
9. Interpreters Birth Date (Mo/Day/Year)		10. Social Security Number (Optional)	11. Interpreter's Phone Number
Signature of the Applicant		Date	
NOTE: * Birth Date is used only to distinguish the candidates. Attach the following items to the "Application for Examination" FORM G <input checked="" type="checkbox"/> FORM H <input type="checkbox"/> TWO IDENTICAL PHOTOS <input type="checkbox"/>			
FOR OFFICE USE ONLY			
Application Number		Examination Date	Examination Location

THIS FORM IS TO BE COMPLETED BY THE INTERPRETER OR INTERPRETER/MODEL FORM H  
 THIS FORM MUST BE ACCOMPANIED BY TWO IDENTICAL FRONT VIEW PHOTOS OF THE INTERPRETER OR INTERPRETER/MODEL,  
 THE SIZE OF THE PHOTO SHOULD BE 1 1/2" x t Y.", AND SIGNED BY THE INTERPRETER OR INTERPRETER/MODEL)  
 (TYPE OR PRINT IN INK, LEGIBLY)

1	Interpreter's Name (First, Middle, Last)	2. Birth Date* (Mo/Day/Yr)	3. Check One/ <input type="checkbox"/> Interpreter <input type="checkbox"/> Interpreter/Model
4	Interpreter's Address Number and State	Zip Code	5. Check One/ <input type="checkbox"/> Male <input type="checkbox"/> Female

**6. Signature of the interpreter or Interpreter/model** \_\_\_\_\_ Date (Mo/Day/Year) \_\_\_\_\_

**7. This form was completed and signed at the following address: (Number, Street, City, State)** \_\_\_\_\_

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**AUTHORIZATION TO USE AN INTERPRETER OR INTERPRETER/MODEL**  
 ♦ ♦ ♦ FOR BOARD USE ONLY ♦ ♦ ♦  
 (DO NOT FILL OUT PRIOR TO YOUR EXAMINATION)

Name of Interpreter/Interpreter/Model: _____	App. No. _____	
Applicant Name _____	Exam Date _____	
Records Check _____	Exam Location _____	
Type of I.D. _____		<b>TEST SCORES</b>
Number I.D. _____	WRITTEN _____	
Birth Date _____	PRACTICAL _____	
	TOTAL _____	

**IMPORTANT NOTICE:**

This authorization must be presented along with the admission letter at the time of the examination. The services of an Interpreter or Interpreter/Model WILL NOT be allowed without this authorization AND valid government issued photographic I.D. The following will be accepted: (1) a photographic driver's license (California or out-of-state), (2) passport, (3) CURRENT photographic alien registration, or (4) California photographic I.D. card available from the Department of Motor Vehicles.

NOTE: \* Birth Date is used only to distinguish Interpreters or Interpreter/model

Side No. 2