



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



NOTIFICATION OF PARTICIPATION IN THE EXTERNSHIP PROGRAM

NOTIFICATION OF PARTICIPATION IN THIS PROGRAM SHALL BE UPDATED ANNUALLY TO ALLOW FOR CONTINUED PARTICIPATION IN THIS PROGRAM. ALL INFORMATION MUST BE COMPLETELY FILLED OUT FOR THIS NOTIFICATION TO BE CONSIDERED VALID. IT IS THE RESPONSIBILITY OF EACH PARTICIPATING SCHOOL TO ENSURE THAT THE ESTABLISHMENTS AND LICENSEES REMAIN IN GOOD STANDING WITH THE BOARD.

SECTION A: SCHOOL INFORMATION	
School Name	School Code
School Address	
School Owner(s)	Telephone Number ()
SECTION B: ESTABLISHMENT INFORMATION	
Establishment Name	Establishment License No.
Establishment Address	
Establishment Owner(s)	Telephone Number ()
SECTION C: CERTIFICATION	
<p>We the undersigned, certify under penalty of perjury under the laws of the State of California, that all the information contained herein is true and correct. We have complied with all requirements of Article 8.5 of Division 9 of Title 16 of the California Code of Regulations and Section 7395.1 and 7395.2 of the Business and Professions Code.</p>	
X _____ Signature of School Representative	_____ Date
_____ Printed Name and Title of School Representative	
X _____ Signature of Establishment Owner	_____ Date
_____ Printed Name of Establishment Owner	