



DEPARTMENT OF CONSUMER AFFAIRS • BOARD OF BARBERING AND COSMETOLOGY  
 P.O. Box 944226, Sacramento, CA 94244-2260  
 Phone: (800) 952-5210 Email: [barbercosmo@dca.ca.gov](mailto:barbercosmo@dca.ca.gov)  
 Website: [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)

## REQUEST FOR REASONABLE ACCOMMODATION

Entity/File # (for official use only)

In order to arrange for the requested accommodations, all requests and supporting documentation need to be submitted to the Board of Barbering and Cosmetology (Board) as soon as possible to avoid any delay in scheduling the examination date.

### SECTION A: APPLICANT INFORMATION

Social Security Number or Individual Taxpayer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Date of Birth (must be at least 17 years old) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		
Last Name		First		Middle	
Address		City		State	Zip Code
Telephone Number (where you can be reached during the day) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Email Address		

### SECTION B: REQUIREMENTS FOR SPECIAL ACCOMMODATION REQUESTS

Pursuant to California Code of Regulations section 931(i) disabled persons are entitled to access to examination activities in a manner that is equal to that offered non-disabled persons and reasonable accommodation will be provided all such persons with medically certified documentation. If your request involves modification of examination procedures, it will be necessary for testing staff to speak with you regarding specific arrangements; therefore, it is important that the telephone number listed above is where you can be reached at during the day. If your request does **not** involve modification of examination procedures and is limited to wheelchair access/space, special seating or equipment needs, it is not necessary to obtain professional verification.

The following information is required from a licensed professional that rendered the diagnosis. Verification must be submitted to the Board on the letterhead of the licensed professional and include the following:

- Name, title, and telephone number of the licensed professional rendering the diagnosis.
- Description of the disability and limitations related to testing.
- Recommended accommodation/modification.
- Original signature of the licensed professional rendering the diagnosis.
- Professional license or certification number of the medical authority or licensed professional rendering the diagnosis.

### SECTION C: REQUESTED ACCOMMODATION

Check any special accommodations you require (requests must concur with certification of the medical authority or licensed professional rendering the diagnosis and the supporting documentation). The Board will supply a reader or ASL interpreter.

<input type="checkbox"/> <b>Reader</b> <input type="checkbox"/> <b>American Sign Language (ASL) Interpreter</b> <input type="checkbox"/> <b>Private Room</b>
<input type="checkbox"/> <b>Extended Time</b> <input type="checkbox"/> 1 (one) additional hour <input type="checkbox"/> 1/2 (one-half) additional hour
<input type="checkbox"/> <b>Wheelchair Access/Space, Special Seating or Equipment Needs</b> - Please specify: _____

Please describe the nature of your disability:

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## SECTION D: MEDICAL VERIFICATION

- A. Please provide your diagnosis of the applicant's disability. Attach any documentation that will help to verify the need for this accommodation. Documentation should include verification of testing to identify the specific learning impairment.
- B. Is the requested accommodation an appropriate aid for this disability which would be likely to increase the candidate's ability to accurately demonstrate his/her knowledge and skill on this examination?  YES  NO

If NO, specify the recommended accommodation: \_\_\_\_\_

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Signature of Professional

Date

Typed or Printed Name of Professional

( )

Telephone Number

## SECTION E: VERIFICATION

### APPLICANTS REQUIRING NEW VERIFICATION (no previous request):

Contact the medical authority or licensed professional rendering the diagnosis. Have them complete the MEDICAL VERIFICATION portion of this form and provide the information requested above.

Have you previously been approved by the Board for a reasonable accommodation?  YES  NO

If yes, please provide your previous File # (if known): \_\_\_\_\_ and previous examination date (if known) \_\_\_\_\_.

## SECTION F: APPLICANT CERTIFICATION

*I certify that I have read and understand the information, Understanding Workers' Rights and Responsibilities, found at [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov). I certify that I have read and understand the laws and regulations pertaining to this profession in California. I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.*

Signature of Applicant

Date

*In compliance with the Americans with Disabilities Act (ADA), Public Law 101-336, the Board of Barbering and Cosmetology (Board) provides "Reasonable Accommodation" for applicants with disabilities that may affect their ability to take required examination. It is the applicant's responsibility to notify the Board if reasonable accommodation is needed. The Board is not required by the ADA to provide accommodations if it is not informed of your needs. The information requested below and any documentation regarding your disability will be considered strictly confidential and will not be shared with any outside source without your express written permission.*



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### INFORMATION COLLECTION, ACCESS AND DISCLOSURE

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:**

1625 North Market Blvd Ste 202, Sacramento, CA 95834

**INTERNET ADDRESS:**

[www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)

**TELEPHONE:**

(916) 574-7570

**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) OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN) DISCLOSURE**

Disclosure of your SSN or ITIN 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)] authorizes collection of your SSN or ITIN. Your SSN or ITIN 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 SSN or ITIN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

**TAXPAYER INFORMATION**

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.