



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
 Website: www.barbercosmo.ca.gov



AFFIDAVIT

Please print clearly. Make additional copies as needed. Attach a copy of your government issued photo ID.

I am completing this Affidavit as a:			
<input type="checkbox"/> Individual <input type="checkbox"/> Married Couple or Registered Domestic Partners <input type="checkbox"/> Partner <input type="checkbox"/> Corporation Officer <input type="checkbox"/> LLC Officer or Member			
Last Name		First Name	
Middle Initial			
Residence Address (home address)		City	State
Zip Code			
Phone Number () ()	Fax Number () ()	E-mail Address	
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 <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	
Do you hold or have you held any additional licenses issued by the Board of Barbering and Cosmetology?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list license types, numbers: _____			
Do you have any outstanding fines owed to the Board of Barbering and Cosmetology?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a legal name change?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide any other names used: _____			
Have you ever been convicted of or pled no contest to, a violation of any law of the United States, in any state, local jurisdiction, or any foreign country? If yes , answer the following questions. Attach additional pages if needed. <i>Your application will be delayed by 2 to 6 months, if the information provided is not complete</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Conviction(s): _____			
Type of Violation(s): _____			
Court(s) Where Conviction(s) Occurred: _____			
Penalties Received: _____			
<ul style="list-style-type: none"> • Include copies of arrest records, court documents, verification of restitution received by the court, and verification of successful completion of probation. • A letter from you describing the underlying circumstances of arrest as well as any rehabilitation efforts or changes in life since that time to prevent future problems. Include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under California Penal Code Section 1000 or 1203.4 (Traffic violations of \$500.00 or less need not be reported).			
Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach an explanation that includes license type, action, and company name (if applicable), year of action and state that it occurred in.			
I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing affidavit, including all supplementary statements.			
X Signature		Date	
FOR OFFICIAL USE ONLY			
Date Sent to Enforcement		Enforcement Approval	Date



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 N. Market Blvd, Suite 202, Sacramento, CA 95834

INTERNET ADDRESS:

www.barbercosmo.ca.gov

TELEPHONE AND FAX NUMBERS:

(916) 574-7570 phone (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) 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.

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.