

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: (800) 952-5210 Email: <u>barbercosmo@dca.ca.gov</u>





## **SUBJECT MATTER EXPERT APPLICATION**

SECTION A: APPLICANT IN	IFORMATION			
Last Name	First Name			Middle Name
Business Address (if applicable)	City		State CA	Zip Code
Home Address	City		State CA	Zip Code
Phone Number	Email Address	С	Date of Birth	
License Type and License Number:	Issuance Date:	E	Expiration Date:	
Other License Number (if applicable):	Issuance Date:	E	Expiration	on Date:
<b>SECTION B: AREAS OF EXI</b>	PERTISE (List al	I that apply – e.d	a. hair	cutting, hair
coloring, acrylic nails, waxing,		113	J	J,
	, ,			
<b>SECTION C: QUALIFICATIO</b>	NS (attach addit	ional pages if ne	ecess	ary)
Why are you qualified to be a Subject explain specifically why you are qualif		can you contribute	to the v	workshop(s)? Please

Are you familiar with current terminology in your industry?	☐ No ☐ Yes				
2. Do you have consistent face-to-face client contact in a licensed establ	ishment?				
If yes, please provide the license number of the establishment in which you work: A					
• /					
3. Have you received a citation/violation from the Board within the past 5	years?				
Are you currently a school owner or instructor/teacher?	☐ No ☐ Yes				
If yes, please provide the school's name and school code (if known)					
5. What language did you receive your schooling instruction in?					
☐ English ☐ Korean ☐ Spanish ☐ Simplified Chinese ☐ Vietnamese					
6. What language did you take your Board licensing exam in?					
☐ English ☐ Korean ☐ Spanish ☐ Simplified Chinese ☐ Vietnamese					
7. Are you fluent in any of these languages?   Korean   Spanish   Simplified Chinese   Vietnamese					
Please list which workshop(s) you are interested in:					
SECTION D: CERTIFICATION					
Have you ever been convicted of, or pled no contest to, a violation of any	<u> </u>				
local jurisdiction, or any foreign country?	☐ No ☐ Yes				
If yes, please attach an explanation.					
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?	☐ No ☐ Yes				
If yes, please attach an explanation that includes the license type, the action taken, by what state and agency,					
and the date. Also include a copy of any administrative action, and if applicable, copies of arrest records, court					
documents, verification of restitution received by the court, and verification of successful completion any terms					
ordered by the court and completion of probation.					
I hereby 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. Further, I certify that I have read and					
understand the disclaimer listed below.	•				
Signature of Applicant Date					
<b>Disclaimer:</b> Licensees are prohibited from making any claim or any adve	tisement in which they represent				
themselves as being affiliated in any way with the Board of Barbering and Cosmetology. Licensees shall not					
represent themselves as being an expert, or Board "expert", hold themselves out as holding any credential, or					
represent themselves as being an expert, or Board "expert", hold themselves	•				
represent themselves as being an expert, or Board "expert", hold themseluse any designation based on their participation in the Expert Consultant	ves out as holding any credential, or				

Please verify you answered all questions above and email your **completed** application to <u>Allison.Lee@dca.ca.gov</u> (subject line: SME Application).

Note: you can access your license issuance/expiration dates and an establishment's license number at: <a href="https://search.dca.ca.gov/">https://search.dca.ca.gov/</a>.