



APPLICATION FOR RECIPROCITY AND INITIAL LICENSE FEE* (non-refundable)

*If you are applying as a spouse or registered domestic partner of an active military member (Section D), please check this box

Cashiering Use Only: 1011	Entity #	Receipt #	Amount \$
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I am applying for the following license type (choose one):

<input type="checkbox"/> Barber (1001) \$50.00	<input type="checkbox"/> Cosmetologist (1002) \$50.00	<input type="checkbox"/> Electrologist (1003) \$50.00	<input type="checkbox"/> Esthetician (1004) \$40.00	<input type="checkbox"/> Manicurist (1005) \$35.00
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RECIPROCITY REQUIREMENTS

Per Business and Professions Code section 7331 – Granting Out-of-State Applicant License to Practice:
 The Board shall grant a license without an examination to an out of state applicant if the applicant submits and verifies all of the following to the Board:

- (a) A completed application form and all fees required by the Board.
- (b) Proof of a **current** license issued by another state to practice that meets all of the following requirements:
 - (1) It is not revoked, suspended, or otherwise restricted.
 - (2) It is in good standing.
 - (3) It has been active for 3 of the last 5 years, during which time the applicant has not been subject to disciplinary action or a criminal conviction.

SECTION A: APPLICANT INFORMATION (attach a copy of your government-issued photographic identification)

Social Security Number or Individual Taxpayer Identification Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Date of Birth (must be at least 17 years old) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>
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Last Name (print clearly)	First Name	Middle Name
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Note: Double check your address, and notify the Board of Barbering and Cosmetology (Board) immediately via email at barbercosmo@dca.ca.gov if your address changes. Government mail is not forwarded.

Address (this is the address where your reciprocity approval letter will be mailed)	Apartment # (if applicable)	
City	State	Zip Code
Telephone Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	E-mail Address	

SECTION B: QUALIFICATIONS

To qualify for reciprocity, you must have a **current** license, and have held it for 3 years or more. I certify:

I have held the license in the State of _____ for 3 years or more.

My license is not revoked, suspended, or otherwise restricted and I have not been subject to disciplinary action or a criminal conviction.

I have requested a Certification of Licensure from the above state to be sent **directly** to the California Board.
 *Washington state applicants are not required to submit a Certification of Licensure.

I have attached a copy of my current out-of-state license to this application.

License #: _____ Original Issuance Date: _____ Expiration Date: _____
Apprentice licenses, Hairstylist licenses and Florida Full, Facial, and Nail Specialist licenses do not qualify for Reciprocity.

SECTION C: BACKGROUND INFORMATION

1. 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? No Yes **If yes**, please complete the Disclosure Statement Regarding Criminal Pleas/Convictions form with this application. If needed, the Board will send you a letter requesting additional information.
2. Have you ever had any professional or vocational license or application 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 complete the Disclosure Statement Regarding Disciplinary Action form with this application. If needed, the Board will send you a letter requesting additional information.
3. Do you hold any license(s) with the California Board of Barbering and Cosmetology? No Yes **If yes**, License Number(s) _____. If the name on your other license(s) does not match the name on this application, please submit a Notification of Name Change form with the required documentation with this application.
4. (Optional) What is your spoken and written language preference? _____

SECTION D: MILITARY EXPEDITE

1. Are you requesting this application be expedited as a spouse or registered domestic partner of an active duty member of the Armed Forces of the United States who is assigned to a duty station in the State of California under official active duty military orders? No Yes **If yes**, please provide the following:

- (a) A copy of your certificate of marriage or domestic partnership with the active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official capacity duty military orders; and
- (b) Verification of current licensure in another state, district, or territory of the United States in the profession or vocation for which you are seeking licensure.
- (c) A copy of your spouse's or registered domestic partner's current military ID and verification of their active duty status.

Name of Armed Forces Member: _____ Assigned Duty Station: _____

Name of Commanding Officer: _____ Contact Phone Number: _____

SECTION E: APPLICANT CERTIFICATION

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

Date

Important Information on becoming licensed in California:

Apprentice licenses, Hairstylist licenses and Florida Full, Facial, and Nail Specialist licenses do not qualify for Reciprocity.

- Double check your address (notify the Board immediately via email* if your address changes at any time).
- Include a copy of your valid government issued photo ID (the name on the ID must match the name on this application).
- Pay by check (it will help you track your application status).
- All applicants must order a Certification of Licensure from the state they are licensed in and have that Certification of Licensure sent **directly** to the Board. Please request the certification before you submit this application. This will help speed the processing of your application.
- Once the Board approves your application, your file is sent to our exam /license vendor PSI. A candidate information handbook will be sent to you with instructions about receiving your California license.
- To receive your new license, you must appear at one of the 13 PSI centers throughout California to have your photograph taken and your license issued. You must present a valid government ID.
- Your license will be good for 2 years from the date it is issued, and will need to be renewed every 2 years thereafter. The renewal fee is \$50.00.
- As a recipient of a California License, you will be required to abide by the Board's laws and regulations. The Board's laws and regulations can be found on the Board's website at under "Laws & Regs".
- Please allow up to 8 weeks for processing applications by mail.
- You can apply for reciprocity online through www.breeze.ca.gov please allow up to 4 weeks for processing.
- Please email the Board to check the status, if you do not hear from us within 8 weeks.

***If you have any questions about the reciprocity process please email us at - barbercosmo@dca.ca.gov**

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

2420 Del Paso Road, Suite 100, Sacramento, CA 95834

INTERNET ADDRESS

www.barbercosmo.ca.gov

TELEPHONE AND FAX NUMBERS

(916) 574-7570 phone (916) 575-7281 fax

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.