



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

**BOARD OF BARBERING AND COSMETOLOGY**

P.O. Box 944226, Sacramento, CA 94244-2260

P (800) 952-5210 F (916) 575-7281 [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)



**BARBERING AND COSMETOLOGY  
2017 HEALTH AND SAFETY ADVISORY COMMITTEE  
APPLICATION**

1. Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Ms.                      First    Middle    Last
2. Sex:        \_\_\_\_\_ M        \_\_\_\_\_ F
3. Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
City    County    State    Zip  
Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_
4. Business Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City    County    State    Zip  
Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_  
Pager (\_\_\_\_) \_\_\_\_\_ Cellular (\_\_\_\_) \_\_\_\_\_
5. Work Experience (Current to last 12 years)  

<i>Employer</i>	<i>Title/Type of Business</i>	<i>City/State</i>	<i>From</i>	<i>To</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
6. Educational History:  

<i>College/Graduate School (Location)</i>	<i>Date</i>	<i>Degree</i>	<i>Major</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
7. Please list professional licenses and certificates. Please include license number where appropriate.  

<i>Licenses/Certificates</i>	<i>Date Issued</i>	<i>Licenses/Certificates</i>	<i>Date Issued</i>
1) _____	_____	3) _____	_____
2) _____	_____	4) _____	_____

8. List all current professional associations of which you are a member:

*Professional Associations*

*From*

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9. List all barbering and cosmetology related institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc.) with which you have been affiliated (as an officer, owner, director, trustee, partner, advisor, or consultant) within the last five years.

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10. Please indicate the areas in which you have had significant experience. Include categories which describe current and past occupations, employment, or experience.

<input type="checkbox"/> Barbering	<input type="checkbox"/> Public School Instructor	<input type="checkbox"/> Legislation
<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Establishment Owner	<input type="checkbox"/> Student
<input type="checkbox"/> Manicuring	<input type="checkbox"/> School Owner	<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Electrology	<input type="checkbox"/> Product Supplier	<hr/>
<input type="checkbox"/> Esthetician	<input type="checkbox"/> Medical Profession (please specify)	<hr/>
<input type="checkbox"/> Private School Instructor	<hr/>	<hr/>

Please answer the following questions. You may use a separate sheet of paper if necessary.

11. ☐ Yes ☐ No Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If yes, please explain.
12. ☐ Yes ☐ No Have you ever been convicted of a violation of any federal, state, county or municipal law, regulation or ordinance (do not include traffic violations for which a fine of \$500.00 or less was imposed)? If yes, please explain.
13. ☐ Yes ☐ No Are you currently under federal, state or local investigation for possible violation of a criminal law or ordinance? If yes, please explain.
14. ☐ Yes ☐ No Do you own real property, personal property, financial holdings or receive income from any source related to the barbering and cosmetology industry which might present a potential conflict of interest or appearance of conflict of interest with the Technical Advisory Committee? If yes, please explain.

## CERTIFICATION

I certify under penalty of perjury that the foregoing is true and accurate under penalty of perjury under the laws of the state of California.

Date: \_\_\_\_\_

By: \_\_\_\_\_

Applicant