



BOARD OF BARBERING AND COSMETOLOGY
P.O. Box 944226, Sacramento, CA 94244-2260
Phone: (916) 574-7574 Email: barbercosmo@dca.ca.gov
Website: www.barbercosmo.ca.gov



SIGNATURE CARD

PLEASE LIST ALL INDIVIDUALS AUTHORIZED TO SIGN AND APPROVE PROOF OF TRAINING DOCUMENTS AND REQUESTS FOR PRE-APPLICATIONS. ATTACH ADDITIONAL SHEETS IF NECESSARY. NOTE - ANYTIME YOUR SCHOOL HAS A CHANGE IN AUTHORIZED REPRESENTATIVES, A NEW SIGNATURE CARD MUST BE SUBMITTED TO THE BOARD.

SECTION A: SCHOOL INFORMATION			
School Name		School Code	
School Address (include suite number if applicable)	City	CA	Zip Code
School Telephone Number ()		School Email Address	
Owner Name (print)	Owner Signature		Date
SECTION B: AUTHORIZED REPRESENTATIVE INFORMATION			
Name (print): _____ Title: _____			
SSN or ITIN: _____ Contact Phone #: _____			
Signature: _____ Date: _____			
Name (print): _____ Title: _____			
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