



**KANSAS BOARD OF COSMETOLOGY**  
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**STATEMENT OF PERFORMANCE OF COSMETOLOGY SERVICES**  
**OUTSIDE A LICENSED ESTABLISHMENT**  
PURSUANT TO K.S.A. 65-1904a(b)

Instructions: To provide services in a consumer's home or office, please fill out the following form on your computer, sign the form, and return the form to the Board office to be kept on file.

I, \_\_\_\_\_, being of legal age and capacity, upon my oath subscribe and affirm that I am validly licensed by the Kansas State Board of Cosmetology, License No. \_\_\_\_\_.

I further subscribe and affirm that:

1). I perform cosmetology, esthetics, nail technology, or electrology services for individuals only in their home or place of business;

2). I provide cosmetology, esthetics, nail technology, or electrology services in a licensed salon at least 51% of my total hours per week at the following salon:

Salon Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
Salon License No. \_\_\_\_\_ Salon Phone: (\_\_\_\_) \_\_\_\_\_  
Salon Address: \_\_\_\_\_  
\_\_\_\_\_

Practitioner Phone: \_\_\_\_\_ Practitioner Email: \_\_\_\_\_

**ATTESTATION**

**I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.**

\_\_\_\_\_  
Applicant's Signature (Type or Sign)      Date

Save your completed form and email it to [vickie.rodriquez@ks.gov](mailto:vickie.rodriquez@ks.gov)