



APPLICATION FOR APPRENTICE LICENSE

Please visit the KBOC website at www.kansas.gov/kboc to review the Kansas law, rules and regulations as they pertain to the practice of tattooing, body piercing and permanent color technician (cosmetic tattooing). A thorough study of KAR 69-15-2 and KAR 9-15-3 should be completed before training begins.

TYPE OF APPRENTICE LICENSE REQUESTED:

TATTOO _____ BODY PIERCING _____ COSMETIC TATTOOING _____

1) NAME: _____
Last First Middle

2) ADDRESS: _____
Street City State Zip

PHONE: _____ Email: _____

3) DATE OF BIRTH _____ SOCIAL SECURITY # _____
(Pursuant to K.S.A. 1990 Supp. 74-139, the applicant shall provide his/her social security number. Upon request of the director of taxation, each such authority shall provide to the director of taxation a listing of all such applicants, along with such applicant's social security number and address.)

4) DO YOU HAVE A HIGH SCHOOL DIPLOMA? _____ GED? _____

5) NAME OF FACILITY WHERE APPRENTICING _____

6) ADDRESS OF THIS FACILITY _____
Street City State Zip

7) NAME OF TRAINER _____
Last First Middle

8) DATE WHEN TRAINING WILL BEGIN _____

9) HOURS PER WEEK? Fulltime _____ Part-time _____

10) APPLICANT SIGNATURE _____

11) TRAINERS SIGNATURE _____

Failure to answer the below felony question and sign the attestation will require the form be returned to you for completion.

Have you ever been convicted of a felony? Yes _____ No _____ (If you have been convicted of a felony attach a certified copy of the court order outlining the charge(s), sentencing order(s) and discharge certificate if applicable. A license will not be issued until the Board has fully reviewed the required documentation. K.S.A. 65-1947(a)(2))

I declare under penalty of perjury under the laws of the State of Kansas that the information provided above is true and correct to the best of my knowledge.

Date _____ Signature of Applicant: _____ Daytime Phone: (____) _____