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Board of Cosmetology

Sam Brownback, Governor

**Verification of Full Time Active Practice**

KAR 69-15-3 (b): To be designated as a permanent color technician trainer or tattoo artist trainer, the applicant shall submit verification of five years of full-time, active practice.

KAR 69-15-3 (c): To be designated as a body piercing technician trainer for the seven basic piercing procedures, the applicant shall submit verification of two years of full-time, active practice and verification of proficiency in all seven procedures.

I, \_\_\_\_\_ hereby swear or affirm  
(Applicant)

I have been in full time active practice in the field in which I propose to train from

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_ Establishment License # \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (St) (Zip)

**Affidavit - This Section Must be Notarized**

State of Kansas )  
County of \_\_\_\_\_ )

I swear or affirm that all information contained in this application and the documents attached are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner/Manager (**Must be signed in front of the notary**)

Subscribed in my presence and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
(Notary Public - Commission expiration date is required)

**Notary Seal**