



**Kansas Board of Cosmetology**  
 714 SW Jackson Ave Suite 100 • Topeka, KS 66603-3751  
 (785) 296-3155 • Fax: (785) 296-3002  
 E-mail: kboc@kboc.ks.gov • www.kansas.gov/kboc

**Request for Licensure and/or Training/Education Verification**

**Read the instructions for all sections carefully and complete ONLY the sections that apply to your verification request. Complete this application form online. Print, sign, and date the form and forward to the above address.**

- Section 1 and 5 must be completed by all applicants.
- Section 2 must be completed if you are requesting verification of your Kansas practitioner's license be sent to another state.
- Section 3 must be completed if you have not attained a Kansas practitioner's license but have completed all the required training/education and wish verification of those hours sent to another state in which you are currently seeking licensure.
- Section 4 must be completed if you have not attained a Kansas practitioner's license but completed some training/education and wish those hours transferred to an out-of-state school and the state's regulatory agency in which you will complete your training.

**1. Applicant Information—All applicants MUST complete this section**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
(Street/Apt) (City/State) (Zip)

Phone Number:(\_\_\_\_\_)\_\_\_\_\_ Date of Birth:\_\_\_\_\_ \*Social Security Number:\_\_\_\_\_

(mm/dd/yyyy)

\*Pursuant to K.S. A. 74-139, the applicant shall be requested to provide the social security number of said applicant. 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.

**2. Licensure Verification - to attain licensure in another state**

**If you are requesting verification of your Kansas practitioner's license be sent to another state, complete this section:**

Kansas Practitioner License Number:\_\_\_\_\_

\*Practitioner License Type:  Cosmetology  Esthetic  Nail Technology  Electrology  Instructor

Name of the state to which verification is requested:\_\_\_\_\_

\*A \$20 fee is required for each additional license verified.

**3. Training/Education verification for licensure**

**If you completed training/education in Kansas but did not received a license and wish to have your training/education verification sent to another state to attain licensure complete the following section:**

Name of the state to which verification is requested:\_\_\_\_\_

**4. Training/Education hours verification to attend an out-of-state school**

**If you have attained training/education hours in Kansas and wish those hours transferred to a state agency and the school to which you are transferring complete the following section:**

Name of the state to which verification is requested:\_\_\_\_\_

Name of the school to which training/education verification should be sent:\_\_\_\_\_

Address:\_\_\_\_\_ Phone Number:(\_\_\_\_\_)\_\_\_\_\_

(Street/Apt) (City/State) (Zip)

**5. Fee Payment**

**The \$20 non-refundable fee must be paid by check, money order or credit card. To pay by money order or check, attach the payment to the front of this completed application., made payable to the Kansas Board of Cosmetology. For credit card payment, complete the section below:**

Payment Type:  American Express  Discover  Mastercard  Visa

\_\_\_\_\_ \$ \_\_\_\_\_

Credit Card # Expiration Date (mo/yr) Fee Amount

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Card Holder's Printed Name Daytime Phone Card Holder's Signature

**I certify under penalty of perjury under the laws of the State of Kansas that the information provided on this form is true and correct.**

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