



**KANSAS BOARD OF COSMETOLOGY**  
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**PRACTITIONER NAME AND/OR ADDRESS CHANGE**

Please complete the application, attach required documents, sign and fax, email, or mail to the Board office using the information above.

**PRACTITIONER NAME AND/OR ADDRESS CHANGE**

New Name : \_\_\_\_\_

Old Name: \_\_\_\_\_

Attach a copy of the legal name change documentation (updated government issued photo ID, marriage license, divorce decree, etc.)

New Address: \_\_\_\_\_  
Street City ST Zip

Old Address: \_\_\_\_\_  
Street City ST Zip

Current Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Social Security #: \*\*\* - \*\* - \_\_\_\_\_  
(Disclosure is mandatory for licensure and authorized by KSA 74-148 to verify identity)

License Number: \_\_\_\_\_ Current Phone Number: \_\_\_\_\_

Do you own a facility license? Yes No If yes, please provide the facility license number: \_\_\_\_\_

**ATTESTATION:**

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

\_\_\_\_\_  
Signature (Type or Sign)

\_\_\_\_\_  
Date

**USE THE DUPLICATE PRACTITIONER LICENSE FORM TO ORDER A NEW LICENSE WITH THE  
UPDATED INFORMATION**

**DUPLICATE LICENSES WILL NOT BE ISSUED FOR CHANGE OF ADDRESS**

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