



KANSAS BOARD OF COSMETOLOGY
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E-mail: Kbcoc@ks.gov • Website: www.kansas.gov/kbcoc

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

If you are requesting a name change, you must attach one of the following documents:

New Name : _____ Old Name: _____
1). Updated government issued photo ID
2). Marriage License/Divorce Decree
3). Other legal name change document

Mailing Address: _____
Street City ST Zip

Residential Address: _____
Street City ST Zip

Current Email: _____

Date of Birth: _____ Social Security #: *** - ** - _____
(MM/DD/YYYY) (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