



KANSAS BOARD OF COSMETOLOGY
714 SW Jackson, Suite 100 • Topeka, KS 66603
Telephone: (785) 296-3155 • Fax: (785) 296-3002
E-mail: Kbcoc@ks.gov • Website: www.kansas.gov/kbcoc

REQUEST FOR LICENSURE OR TRAINING/EDUCATION VERIFICATION

Instructions: Read this form carefully and complete only the sections that apply to your request. Complete the form online, print, sign, and return to the above address along with the *\$20 non-refundable fee.

NAME: Last First Middle

ADDRESS: Street City ST Zip

PHONE NUMBER: () 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(s):

Verifications are only sent by email directly from the Board office.

To have an Email verification sent to another State Licensing Agency:

Provide the name of the state(s):

All licenses issued by the Kansas Board of Cosmetology, as well as the Training/Licensure Requirements and Examination History, can be verified online at: http://licensing.ks.gov/

To have an Email verification sent to another school:

Provide the School name, city, state and email:

Please allow 7-10 days processing before checking on the status of your verification.

Military Service (Complete if Applicable)

Military Service (Provide a copy of your CAC card or your Military ID)
Military Spouse (Provide a copy of your CAC card or your Military ID)
Military Service Member (Provide your DD-214 and separation date below)
Separation Date:

FEE PAYMENT: \$20 Cosmetology Professions Only. There is no charge for Body Art or Tanning License Verification Requests.

Credit Card Payment \$20

- 1). Go to the Board website: www.kansas.gov/kbcoc
2). Select Payment Portal from the Top Menu Bar
3). Transaction Item = Board Verification Fee
4). Record your Order ID # from your emailed receipt below

Check or Money Order Payment \$20

- 1). Complete this form
2). Make Check or Money Order Payable to the Kansas Board of Cosmetology
3). Mail form and payment to the Board office at the address provided above.

Order ID #

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.

Please type or sign your name Date

Save your completed form and email it to darla.ray@ks.gov