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

CHANGE OF ADDRESS APPLICATION

Complete this application online, print the application, and forward with a legible photocopy of your current government issued photo identification (i.e. drivers license, or state identification card) to the Kansas Board of Cosmetology at the above address. The current government issued photo identification must include your updated address or the Board will not be able to accept your change of address application. This completed form may be e-mailed or sent via the U.S. Postal Service. ***Faxed copies will not be accepted as they are oftentimes not legible.***

K.S.A. 8-248 requires that a person who currently holds a Kansas driver's license and who has had a change of address must within 10 days of the address change notify the Division of Motor Vehicles, Kansas Department of Revenue. To change your address with the Division of Motor Vehicles, access their website at www.ksrevenue.org/dmvdrlic.htm.

Name of Licensee

Name: _____ License Number: _____
Last First Middle

Phone Number:(_____)_____ Date of Birth: _____ *Social Security Number: _____
(mm/dd/yyyy)

Email: _____

*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.

Previous Address

Previous Address:_____

City:_____ State: _____ Zip:_____

New Address

New Address: _____

City:_____ State: _____ Zip:_____

Date change of address takes effect: _____

Affirmation—At this point, print the application and sign

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: _____