



APPLICATION FOR DUPLICATE PRACTITIONER'S LICENSE

Complete this duplicate practitioner's license application online, print, and mail to the Kansas Board of Cosmetology at the address listed above. The below must be included with this completed form:

- 1. The nonrefundable \$25 fee.
2. Legible photocopy of your current government issued photo identification. (i.e. drivers license, state identification card, or military identification)

License Type section with checkboxes for Cosmetology, Nail Technology, Esthetics, Body Piercing Technician, Tattoo/Cosmetic Tattoo Artist, Instructor, Apprentice, Electrology, Body Art Trainer, and Senior.

Practitioner Information

Name: Last First Middle whose mailing address is: (Street) (City/State) (Zip) (Phone Number)

Email Address:

whose license number is: and Social Security Number is: \*\*\*-\*\*-\*\*\*\*

wishes to apply for a duplicate of said license. Being duly sworn and deposed, I state my license has been (check appropriate one):

- Destroyed
Lost
Stolen - if stolen please attach a copy of the police report.
Never Received
Need a reprinted license due to name change - Enclose a copy of the legal document (i.e. marriage license, divorce decree, government issued ID/DL or other court document) which verifies the name change.

Working in more than one facility. List below each facility in which you are providing consumer services: Facility: Address: Facility License #

Fee Payment \$25

To pay the non-refundable \$25 fee by check or money order, attach the fee to the front of this completed application. Check or money order shall be 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 (mm/yy) Fee Amount
Card Holder's Printed Name Card Holder's Zip Code Daytime Phone Card Holder's Signature

Attestation—At this point print this completed application

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

Applicant's Signature: Date: