



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

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

angela.stockdale@ks.gov