



Board of Cosmetology

Sam Brownback, Governor

APPLICATION FOR ELECTROLOGY APPRENTICE LICENSE

Complete this application and submit to the Board office. The following must be included with this completed form:

- The nonrefundable \$15 fee.
- Legible government issued Photo ID.

1) NAME: _____
Last First Middle

2) ADDRESS: _____
Street City State Zip

PHONE: _____ Email: _____

3) DATE OF BIRTH _____ SOCIAL SECURITY # _____
(Pursuant to K.S.A. 1990 Supp. 74-139, the applicant shall provide his/her social security number. 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. Disclosure is mandatory for licensure and authorized by K.S.A. 74-148. It is used to verify identity and license individuals lawfully residing in the U.S.)

4) DO YOU HAVE A HIGH SCHOOL DIPLOMA or GED? ___ Yes ___ No

5) LICENSE NO. OF FACILITY WHERE APPRENTICING _____

6) NAME OF TRAINER _____
Last First Middle

7) DATE WHEN TRAINING WILL BEGIN _____

8) Credit Card Payment \$15: Go to the Board website: www.kansas.gov/kboc
1). Select Payment Portal from the Top Menu Bar
2). Transaction Item = Trainer License Fee
3). Record your Order ID # from your emailed receipt here _____

Check or Money Order Payment \$15: Make Check or Money Order Payable to the Kansas Board of Cosmetology
1). Complete this form
2). Mail form and payment to the Board office at the address provided above.

9) TRAINERS SIGNATURE _____
(Type or Sign)

Failure to answer the below felony question and sign the attestation will require the form be returned to you for completion.

Have you ever been convicted of a felony? Yes _____ No _____

(If you have been convicted of a felony attach a certified copy of the court order outlining the charge(s), sentencing order(s) and discharge certificate if applicable. A license will not be issued until the Board has fully reviewed the required documentation. K.S.A. 65-1947(a)(2))

KAR 69-5-6; 69-5-16

- I will only practice under direct supervision of my instructor at all times
- I will not work on the public until completion of 200 hours of instruction and training.
- I will wear identification which clearly indicates the public that the person is in electrology training.

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

Date _____ Signature of Applicant: _____
(Type or Sign)

03/23/2017

Save your completed form and email it to michaela.ewing@ks.gov