



**Kansas Board of Cosmetology**  
714 SW Jackson Suite 100 Topeka, KS 66603  
Telephone: (785) 296-3155 Fax: (785) 296-3002  
Email: [Kboc@ks.gov](mailto:Kboc@ks.gov) Website: [www.kansas.gov/kboc](http://www.kansas.gov/kboc)

## APPLICATION FOR BODY ART APPRENTICE LICENSE

Please visit the KBOC website at [www.kansas.gov/kboc](http://www.kansas.gov/kboc) to review the Kansas law, rules and regulations as they pertain to the practice of tattooing, body piercing and permanent color technician (cosmetic tattooing). A thorough study of KAR 69-15-2 and KAR 9-15-3 should be completed before training begins.

**\*Before you are approved for an apprentice license you must have verification of your High School diploma or GED sent to the Board office directly from the issuing party. Please DO NOT send copies of your diploma or transcripts with this application. Verification must be official coming directly from the issuing party (issuing party includes services obtained by the issuing party for sending education documents digitally such as Parchment, GED Diploma Sender, etc.).**

### Please provide the following with your application:

1. \$15 Apprentice application fee
2. Legible photocopy of your social security card and current U.S. government issued photo identification (i.e. driver's license, state identification card, or military identification). The name on the ID and social security card must match.

### TYPE OF APPRENTICE LICENSE REQUESTED:

**TATTOO                      BODY PIERCING                      COSMETIC TATTOO                      TATTOO/COSMETIC TATTOO**

1) FULL LEGAL NAME: \_\_\_\_\_  
Last First Middle

Previously used name(s) that might appear on supporting documentation: \_\_\_\_\_

If you have had a legal name change, please include a copy of the legal documents verifying the change of name (marriage license, divorce decree, US government issued ID, etc.).

2) ADDRESS: \_\_\_\_\_  
Street City State Zip

3) PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

\* Disclosure is mandatory for licensure and authorized by K.S.A. 74-148 and K.S.A. 74-139. It is used to verify identity and license individuals lawfully residing in the U.S. 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

4) DO YOU HAVE A HIGH SCHOOL DIPLOMA? \_\_\_\_\_ GED? \_\_\_\_\_

5) NAME OF FACILITY WHERE APPRENTICING \_\_\_\_\_

6) ADDRESS OF THIS FACILITY \_\_\_\_\_  
Street City State Zip

7) NAME OF TRAINER \_\_\_\_\_  
Last First Middle

8) DATE WHEN TRAINING WILL BEGIN \_\_\_\_\_

Please note: Trainers must maintain an active practitioner license to maintain a valid training license. Lapse in practitioner licensure could result in disciplinary action including but not limited to Board denial of training obtained during the lapse in licensure.

9) TRAINER'S SIGNATURE \_\_\_\_\_  
(Trainer Signature Required)

Have you been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, you must provide your case number(s): \_\_\_\_\_

If this is the first time you have notified the Board of this conviction, you must submit form #77 Felony Reporting Packet, which can be found on our website on the Forms and Applications page. Pursuant to K.S.A. 65-1947, failure to disclose all felony conviction(s) may result in disciplinary action.

**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 Required: \_\_\_\_\_