



APPLICATION FOR DUPLICATE PRACTITIONER'S LICENSE

Use this form to request a duplicate license for any reason OTHER than a name change. Please use 1. Change of Name/Address Form to request a duplicate license due to a name change.

You must include a copy of your government issued photo ID in order to request a duplicate license.

License Type section with checkboxes for Cosmetology, Manicurist, 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
Updated Manicurist License
Working in more than one facility. List below each facility in which you are providing consumer services:

Facility: Address: Facility License # (Street) (City)
Facility: Address: Facility License # (Street) (City)

Fee Payment \$25

Credit Card Payment \$25

- 1). Go to the Board website: www.kansas.gov/kboc
2). Select Pay Portal from the Top Menu Bar
3). Transaction Item = Duplicate License Fee
4). Record your Order ID # from your emailed receipt below
Order ID #

Check or Money Order Payment \$25

- 1). Complete this form
2). Make Check or Money Order Payable to the Kansas Board of Cosmetology
3). Mail form and payment to the Board office at the address provided above.

Attestation

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:

Save your completed application and email it to vickie.rodriguez@ks.gov