



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

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.

A copy of your current U.S. government issued photo ID may be requested if not already on file with the Board.

License Type			
Cosmetology <input type="checkbox"/>	Body Piercing Technician <input type="checkbox"/>	Apprentice <input type="checkbox"/>	Senior <input type="checkbox"/>
Manicurist <input type="checkbox"/>	Tattoo/Cosmetic Tattoo Artist <input type="checkbox"/>	Electrology <input type="checkbox"/>	
Esthetics <input type="checkbox"/>	Instructor <input type="checkbox"/>	Body Art Trainer <input type="checkbox"/>	
Practitioner Information			
Name: _____ whose mailing address is: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Last First Middle </div> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> (Street) (City/State) (Zip) () (Phone Number) </div>			
Email Address: _____ whose license number is: _____ and *Social Security Number is:***-**-**** _____ <small>* 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.</small>			
wishes to apply for a duplicate of said license. Being duly sworn and deposited, I state my license has been (check appropriate one): <input type="checkbox"/> Destroyed <input type="checkbox"/> Lost <input type="checkbox"/> Stolen - if stolen please attach a copy of the police report. <input type="checkbox"/> Never Received <input type="checkbox"/> Updated Manicurist License <input type="checkbox"/> Working in more than one facility. List below each facility in which you are providing consumer services:			
Facility: _____ Address: _____ <small>(Street)</small>		Facility License # _____ <small>(City)</small>	
Facility: _____ Address: _____ <small>(Street)</small>		Facility License # _____ <small>(City)</small>	
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 . Signature Required: _____ Date: _____			

Office Use Only: Approval Date: _____ Authorization: _____