



APPLICATION FOR DUPLICATE PRACTITIONER'S LICENSE

Complete this duplicate practitioner's license application online, print, and mail to the Kansas Board of Cosmetology at the address listed above. The below must be included with this completed form:

- 1. The nonrefundable \$25 fee.
2. Legible photocopy of your current government issued photo identification. (i.e. drivers license, state identification card, or military identification)

License Type
Cosmetology [] Body Piercing Technician [] Apprentice [] Senior []
Manicurist [] Tattoo/Cosmetic Tattoo Artist [] Electrology []
Esthetics [] Instructor [] Body Art Trainer []

Practitioner Information

Name: _____ whose mailing address is:
Last First Middle
(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 deposited, 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: _____ Facility License # _____
Address: _____
(Street) (City)
Facility: _____ Facility License # _____
Address: _____
(Street) (City)

Fee Payment \$25

Credit Card Payment \$25

- 1). Go to the Board website: www.kansas.gov/kbcoc
2). Select Payment 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—At this point print this completed application

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.rodriquez@ks.gov