



## INSTRUCTOR LICENSE APPLICATION

Please check one:

COSMETOLOGY  
INSTRUCTOR \_\_\_\_\_

ESTHETICS  
INSTRUCTOR \_\_\_\_\_

MANICURING  
INSTRUCTOR \_\_\_\_\_

ELECTROLOGY  
INSTRUCTOR \_\_\_\_\_

### Instructor Application Fee \$75.00

*Check, money order or credit card information accepted payable to the Kansas Board of Cosmetology.*

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Address: \_\_\_\_\_  
(City) (St) (Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

4. I attended \_\_\_\_\_  
(Name of School)

Address \_\_\_\_\_

for Instructor training from the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ to the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

and was issued a certificate of graduation on \_\_\_\_\_ 20 \_\_\_\_ upon completion of a course of \_\_\_\_\_ hours.

The above information is true and correct to the best of my knowledge:

\_\_\_\_\_  
(Printed name of school owner of instructor) (Email)

\_\_\_\_\_  
(Signature of school owner or instructor)

\_\_\_\_\_  
(Signature of applicant)

January 2012

**Credit Card information:**

- American Express
- Discover
- Mastercard
- Visa

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Card Holder's Signature

\_\_\_\_\_  
Exp. Date of Credit Card (mo/yr)