KANSAS BOARD OF COSMETOLOGY
714 SW Jackson, Suite 100 ▪ Topeka, KS 66603
Telephone: (785) 296-3155 ▪ Fax: (785) 296-3002
E-mail: Kboc@ks.gov ▪ Website: www.kansas.gov/kboc

APPLI CATION FOR TEMPORARY PERMIT

DO NOT SUBMIT THIS APPLICATION WITHOUT FIRST SUBMITTING A LICENSURE APPLICATION.

NO TEMPORARY PERMIT WILL BE ISSUED UNTIL A LICENSURE APPLICATION HAS BEEN SUBMITTED AND DETERMINED TO BE COMPLETE.

- The fee is $15
- Temporary permits are issued with an expiration date which is 6 weeks after the date of examination.
- Only one temporary permit may be issued per applicant.
- Temporary permits cannot be extended.

Exam score(s) will be posted within one week after the exam and licenses are issued to individuals who have passed all tests within 10 business days thereafter.

You may only provide consumer services once you have received your temporary permit and only in a licensed establishment. You are required to post the temporary permit in a conspicuous location. Failure to comply with the law may result in legal action.

Although the temporary permit includes an expiration date, the temporary permit becomes null and void should you fail an exam.

▪ Providing consumer services without a temporary permit or with an invalid temporary permit is a violation of law and subjects you to legal action.

Applicant Information—Complete this form online and print. Attach this application to your practitioner licensure application.

License Type:	Cosmetology ☐	Nail Technology ☐	Esthetics ☐	Electrology ☐

Name: _____ Male ☐ Female ☐
(Last) (First) (Middle)

Address: _____ Email: _____
(Street Address) (City St) (Zip Code)

Phone Number:(____)_____ Date of Birth: _____ *Social Security Number:*** - ** - ____

* Disclosure is mandatory for licensure and authorized by KSA 74-148 and 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.

Fee Payment $15

Credit Card Payment $15
1). Go to the Board website: www.kansas.gov/kboc
2). Select Payment Portal from the Top Menu Bar
3). Transaction Item = Temporary Permit Fee
4). Record your Order ID # from your emailed receipt below

Order ID # _____

Check or Money Order Payment $15
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 time print this completed application

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand the application, and that the information provided is true and correct.

Applicant's Signature: _____ **Date:** _____
Type or Sign your name

OFFICE USE ONLY: TP# ISSUED: _____ EXPIRATION DATE: _____ BLOTTER: _____

Save your completed application and email it to michaela.ewing@ks.gov