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Board of Cosmetology

Sam Brownback, Governor

Verification of Full Time Active Practice

KAR 69-15-3 (b): To be designated as a permanent color technician trainer or tattoo artist trainer, the applicant shall submit verification of five years of full-time, active practice.

KAR 69-15-3 (c): To be designated as a body piercing technician trainer for the seven basic piercing procedures, the applicant shall submit verification of two years of full-time, active practice and verification of proficiency in all seven procedures.

I, _____ hereby swear or affirm
(Applicant)

I have been in full time active practice in the field in which I propose to train from

Start Date: _____ End Date: _____

Name of Establishment: _____ Establishment License # _____

Address: _____
(City) (St) (Zip)

Affidavit - This Section Must be Notarized

State of Kansas)
County of _____)

I swear or affirm that all information contained in this application and the documents attached are true and accurate to the best of my knowledge and belief.

Signature of Owner/Manager (**Must be signed in front of the notary**)

Subscribed in my presence and sworn to before me this ____ day of _____ 20 ____.

(Notary Public - Commission expiration date is required)

Notary Seal