



KANSAS BOARD OF COSMETOLOGY

714 S.W. Jackson, Suite 100
 Topeka, Kansas 66603
www.kansas.gov/kboc (785) 296-3155

**FELONY CONVICTION
 DISCLOSURE FORM**

APPLICATION TYPE

COSMETOLOGY		BODY ART	
<input type="checkbox"/> Apprentice		<input type="checkbox"/> Apprentice	
<input type="checkbox"/> Practitioner		<input type="checkbox"/> Practitioner	
<input type="checkbox"/> Renewal		<input type="checkbox"/> Renewal	
<input type="checkbox"/> Establishment		<input type="checkbox"/> Establishment	
<input type="checkbox"/> Instructor		<input type="checkbox"/> Trainer	

APPLICANT/LICENSEE INFORMATION

NAME		EMAIL	
HOME ADDRESS	CITY	STATE	ZIP
PHONE	CELL PHONE	DATE OF BIRTH	LICENSE NO. (IF APPLICABLE)

CASE INFORMATION (Attach additional sheets if you need to list more cases)

COURT NAME	CASE NO.	CRIME - CONVICTION(S)	ATTACH THE FOLLOWING:
			<input type="checkbox"/> Complaint <input type="checkbox"/> Journal Entry of Sentencing <input type="checkbox"/> Proof of Completion of Probation/Supervision (if applicable)
			<input type="checkbox"/> Complaint <input type="checkbox"/> Journal Entry of Sentencing <input type="checkbox"/> Proof of Completion of Probation/Supervision (if applicable)
			<input type="checkbox"/> Complaint <input type="checkbox"/> Journal Entry of Sentencing <input type="checkbox"/> Proof of Completion of Probation/Supervision (if applicable)
			<input type="checkbox"/> Complaint <input type="checkbox"/> Journal Entry of Sentencing <input type="checkbox"/> Proof of Completion of Probation/Supervision (if applicable)

CASE STATUS

Are you currently on probation, parole or post-release supervision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
When did you complete probation, parole or post-release supervision?			<input type="checkbox"/> NA
Have you paid all court ordered restitution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have you completed all court ordered treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If you have not paid all court ordered restitution and/or completed all court ordered treatment, explain why.



KANSAS BOARD OF COSMETOLOGY

714 S.W. Jackson, Suite 100
Topeka, Kansas 66603
www.kansas.gov/kboc (785) 296-3155

**FELONY CONVICTION
DISCLOSURE FORM**

EXPLANATION OF CRIME

For each of your convictions, explain why and how you committed the crime. Also, explain if there were any special circumstances that you would like the Board to know regarding the crime.

Do you take full responsibility for the crime or were there circumstances that were beyond your control that caused you to be charged with the crime?



KANSAS BOARD OF COSMETOLOGY

714 S.W. Jackson, Suite 100
Topeka, Kansas 66603
www.kansas.gov/kboc (785) 296-3155

**FELONY CONVICTION
DISCLOSURE FORM**

REHABILITATION

Explain what you have done to rehabilitate yourself since you were convicted. Examples include attending treatment and therapy, activities and employment, etc. You may also attach letters of recommendation.

Explain why the Board should grant your request for a license.

CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that the information contained herein is true and correct. I understand providing false information may constitute grounds for denial of my application pursuant to K.S.A. 65-1908.

SIGNATURE

DATE SIGNED