



Kansas Board of Cosmetology
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COSMETOLOGY STATUTES AND REGULATIONS BOOKLET ORDER FORM

Complete this order form online, print the completed form and mail to the Kansas Board of Cosmetology at the address listed above. Attach the \$5 fee to the front of the application.

You may submit the application by e-mail if payment is made by credit card.

Requestor Information		
Name : _____		
Last	First	Middle
Address: _____		
(Street/Apt)	(City/State)	(Zip)
Phone number:(____) _____ - _____		Date of birth: _____
		(mm/dd/yyyy)
Kansas license number (if applicable): # _____ <input type="checkbox"/> Practitioner <input type="checkbox"/> Establishment		
Number of booklets requested: _____		
Reason for request: _____		

Fee Payment		
To pay the non-refundable \$5 fee by check or money order, attach payment to the front of this completed order form. Checks and money orders shall be made payable to the Kansas Board of Cosmetology. For credit card payment, please complete the section below:		
Payment Type: <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa		
_____	_____	\$ _____
Credit Card #	Expiration Date (mo/yr)	Fee Amount
_____	(____) _____	_____
Card Holder's Printed Name	Daytime Phone	Card Holder's Signature

Board Office Use Only		
Received by: _____	Mailed by: _____	Date Mailed: _____