



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

APPLICATION FOR SENIOR STATUS
LICENSE NOT VALID FOR WORK

To qualify for the senior status license, the licensee must:

- Hold a license issued by the Board for at least 10 years and be 60 years of age or older
• Not be regularly engaged in the practice of cosmetology in the state
• Pay the \$30 one-time senior status license fee

Credit Card Payment \$30

- 1). www.kansas.gov/kbcoc
2). Select Payment Portal from the Top Menu Bar
3). Transaction Item = Senior License
4). Record your Order ID # from your emailed receipt here: _____

Check or Money Order Payment \$30

- 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.

Please enclose the following:

- 1. \$30 Senior Status license fee

1) NAME: _____
Last First Middle

2) ADDRESS: _____
Street City State Zip

PHONE: _____ Email: _____

3) DATE OF BIRTH _____ SOCIAL SECURITY # ***-**-_____
(Pursuant to K.S.A. 1990 Supp. 74-139, the applicant shall provide his/her social security number. 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. Disclosure is mandatory for licensure and authorized by K.S.A. 74-148. It is used to verify identity and license individuals lawfully residing in the U.S.)

4) LICENSE # _____

5) ARE YOU AT LEAST 60 YEARS OLD? YES NO

6) HAVE YOU HELD A LICENSE ISSUED BY THE BOARD FOR AT LEAST 10 YEARS? YES NO

7) HAVE YOU STOPPED REGULARLY ENGAGING IN THE PRACTICE OF COSMETOLOGY? YES NO

If you have answered NO to any of the above three questions, you do not qualify for this Senior Status License.

I declare under penalty of perjury under the laws of the State of Kansas that the information provided above is true and correct.

Date _____ Signature of Applicant: _____
(Type or Sign)