



APPLICATION FOR APPROVAL AS TRAINER

APPLICANTS MUST PROVIDE THE FOLLOWING:

- 1. The applicant's current, valid Kansas permanent color technician, body piercing technician, or tattoo artist license number;
2. Documentation outlining the applicant's proposed training syllabus and meeting the requirements of K.A.R. 69-15-2.
3. The name and address of the licensed facility where training will be provided.
4. \$15 Trainer application fee

Credit Card Payment \$15

- 1). Go to the Board website: www.kansas.gov/kbcoc
2). Select Payment Portal from the Top Menu Bar
3). Transaction Item = Trainer License Fee
4). Record your Order ID # from your emailed receipt here: \_\_\_\_\_

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.

To be designated as a cosmetic tattoo trainer, tattoo artist trainer, or body piercing trainer, the applicant shall submit verification of five years of full-time, active practice, consisting of at least 1500 hours per year, as a licensed cosmetic tattoo artist, tattoo artist, or body piercer in any state. KAR 69-15-3 (a) (5).

1. Type of license: \_\_\_\_\_ Tattoo Artist \_\_\_\_\_ Cosmetic Tattoo Artist
\_\_\_\_\_ Body Piercing Technician \_\_\_\_\_ Tattoo/Cosmetic Tattoo Artist
2. License No. \_\_\_\_\_ License Expiration Date: \_\_\_\_\_
3. \_\_\_\_\_ (Last Name) (First Name) (MI)
4. \_\_\_\_\_ (Street Address) (City) (ST) (Zip)
5. Phone No: \_\_\_\_\_ (Work) (Home/Cell) (Email)
6. Establishment(s) where training will be provided: \_\_\_\_\_
7. Establishment(s) License No(s). \_\_\_\_\_
8. Establishment Address: \_\_\_\_\_ (Street Address) (City) (ST) (Zip)

A training program directly supervised by an approved trainer shall be limited to one trainee.

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

\_\_\_\_\_  
Signature Required (Date)



**KANSAS BOARD OF COSMETOLOGY**  
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E-mail: [Kboc@ks.gov](mailto:Kboc@ks.gov) ▪ Website: [www.kansas.gov/kboc](http://www.kansas.gov/kboc)

### Verification of Full Time Active Practice

To be designated as a cosmetic tattoo trainer, tattoo artist trainer, or body piercing trainer the applicant shall submit verification of five years of full-time, active practice, consisting of at least 1,500 hours per year, as a licensed cosmetic tattoo artist, tattoo artist, or body piercer in any state. KAR 69-15-3 (a) (5).

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)

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

\_\_\_\_\_  
Signature Required

If you have questions about this form please e-mail [Kassiah.Martin@ks.gov](mailto:Kassiah.Martin@ks.gov)