



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

INSTRUCTOR LICENSE APPLICATION

Please check one:

COSMETOLOGY INSTRUCTOR ESTHETICS INSTRUCTOR MANICURING INSTRUCTOR ELECTROLOGY INSTRUCTOR

Instructor Application Fee \$75.00

Check, money order or credit card information accepted payable to the Kansas Board of Cosmetology.

1. Name: (Last) (First) (Middle)

2. Address: (City) (St) (Zip)

Phone: Email:

3. Date of Birth: *SS# ***-**-****
* Disclosure is mandatory for licensure and authorized by K.S.A. 74-148 and K.S.A. 74-139. It is used to verify identity and license individuals lawfully residing in the U.S. 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.

4. I attended (Name of School) Address

for Instructor training from the ___ day of ___ 20 ___ to the ___ day of ___ 20 ___

and was issued a certificate of graduation on ___ 20 ___ upon completion of a course of ___ hours.

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

(Printed name of school owner of instructor) (Email)

(Signature of school owner or instructor) (Date)

(Applicant Signature Required) (Date)

Credit Card Payment \$75
1). Go to the Board website: www.kansas.gov/kbcoc
2). Select Payment Portal from the Top Menu Bar
3). Transaction Item = Instructor Initial License Fee
4). Record your Order ID # from your emailed receipt below
Order ID #
Check or Money Order Payment \$75
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.