



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

PRACTITIONER NAME, OWNER NAME AND/OR ADDRESS CHANGE

If you are requesting a name change, you must include copies of your U.S. government issued photo ID and social security card displaying your new name. The name on the ID and social security card must match.

PRACTITIONER NAME, OWNER NAME AND/OR ADDRESS CHANGE

\*\*\*Don't forget to submit your U.S. government issued photo ID and social security card if you are requesting a name change\*\*\*

New Name : \_\_\_\_\_

Old Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_
Street City ST Zip

Residential Address: \_\_\_\_\_
Street City ST Zip

Current Email: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_
(MM/DD/YYYY)

\* 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.

License Number: \_\_\_\_\_ Current Phone Number: \_\_\_\_\_

Do you own a facility license? Yes No If yes, please provide the facility license number: \_\_\_\_\_

Duplicate License Fee Payment \$25 (NAME CHANGES OUTSIDE OF RENEWAL ONLY)

A duplicate license and fee are not needed when completing a name change during renewal.

Credit Card Payment \$25

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

Order ID # \_\_\_\_\_

Check or Money Order Payment \$25

- 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.

ATTESTATION:

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

Signature Required

Date

A DUPLICATE PRACTITIONER LICENSE AND APPLICABLE FEE ARE REQUIRED FOR ALL PRACTITIONER LICENSE NAME CHANGES OUTSIDE OF RENEWAL FOR EACH LICENSE.

DUPLICATE LICENSES AND APPLICABLE FEES ARE NOT REQUIRED FOR PRACTITIONER LICENSE CHANGE OF ADDRESS