Kansas Board of Cosmetology
2420 NW Button Rd Topeka, KS 66618
Telephone: (785) 296-3155 Fax: (785) 296-3002
Email: Kboc@ks.gov Website: www.kansas.gov/kboc

APPLICATION FOR BODY ART APPRENTICE LICENSE

Please visit the KBOC website at www.kansas.gov/kboc to review the Kansas law, rules and regulations as they pertain to the practice of tattooing, body piercing and permanent color technician (cosmetic tattooing). A thorough study of KAR 69-15-2 and KAR 9-15-3 should be completed before training begins.

***You must submit a high school transcript along with your application in order for it to be processed. High school transcripts may be held by the high school or they may be held by the school district office. To request your high school transcript, contact the high school office that maintains your graduation records and request a copy of your transcript.**

Credit Card Payment $15
1). Go to the Board website: www.kansas.gov/kboc
2). Select Payment Portal from the Top Menu Bar
3). Transaction Item = Apprentice 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.

Please provide the following with your application:

1. **$15 Apprentice application fee**
2. **Legible photocopy of your social security card and current U.S. government issued photo identification (i.e. driver's license, state identification card, or military identification). The name on the ID and social security card must match.**

TYPE OF APPRENTICE LICENSE REQUESTED:

☐ **TATTOO** ☐ **BODY PIERCING** ☐ **COSMETIC TATTOO** ☐ **TATTOO/COSMETIC TATTOO**

1) FULL LEGAL NAME: _____
Last First Middle

Previously used name(s) that might appear on supporting documentation: _____

If you have had a legal name change, please include a copy of the legal documents verifying the change of name (marriage license, divorce decree, US government issued ID, etc.).

2) ADDRESS: _____
Street City State Zip

3) PHONE: _____ Email: _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

* 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) DO YOU HAVE A HIGH SCHOOL DIPLOMA? _____ GED? _____

5) NAME OF FACILITY WHERE APPRENTICING _____

6) ADDRESS OF THIS FACILITY _____
Street City State Zip

7) NAME OF TRAINER _____
Last First Middle

8) DATE WHEN TRAINING WILL BEGIN _____

Please note: Trainers must maintain an active practitioner license to maintain a valid training license. Lapse in practitioner licensure could result in disciplinary action including but not limited to Board denial of training obtained during the lapse in licensure.

9) TRAINER'S SIGNATURE _____
(Trainer Signature Required)

Have you been convicted of a felony? Yes ☐ No ☐ If yes, you must provide your case number(s): _____

If this is the first time you have notified the Board of this conviction, you must submit form #55 Felony Reporting Packet, which can be found on our website on the Forms and Applications page. Pursuant to K.S.A. 65-1947, failure to disclose all felony conviction(s) may result in disciplinary action.

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 Required: _____

If you have questions about this form please e-mail Kboc@ks.gov