



Kansas Board of Cosmetology
714 SW Jackson Suite 100 Topeka, KS 66603
Telephone: (785) 296-3155 Fax: (785) 296-3002
Email: Kbc@ks.gov Website: www.kansas.gov/kbc

APPLICATION FOR BODY ART LICENSURE REINSTATEMENT

APPLICANTS MUST ENCLOSE THE FOLLOWING:

- (a) Copy of a driver's license or U.S. government issued photo ID.
(b) Proof of completion of eight (8) hours of continuing education, approved by the Board, in infection control and blood-borne pathogens. The continuing education shall have been obtained within two (2) months of the submission of the application and fees.

Credit Card Payment \$125
1). Go to the Board website: www.kansas.gov/kbc
2). Select Payment Portal from the Top Menu Bar
3). Transaction Item = Practitioner Renewal Fee
4). Record your Order ID # from your emailed receipt below
Order ID # _____
Check or Money Order Payment \$125
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.

A list of pre-approved Continuing Education for Body Art Practitioners can be found here:
Continuing Education Courses

- (c) Total fee for reinstatement amounts to \$125.00. (\$50 license renewal fee and \$50 initial application fee, \$25 delinquent fee). If you are applying for more than one profession, you must submit the fees for each profession.

TATTOO ARTIST _____
BODY PIERCING TECHNICIAN _____
COSMETIC TATTOO ARTIST _____

1. _____ (Last Name) _____ (First Name) _____ (Middle Name)
2. Address: _____ Email: _____
3. Phone: (Work) _____ (Cell/Home) _____
4. Date of Birth _____ *Social Security Number ***_** _____
5. Current employment: _____ (Name of Facility)
_____ (Address of Facility) _____ (Facility Phone)

Failure to answer the questions below and sign the attestation will require the form be returned to you for completion.
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 #77 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 of Applicant: _____ Daytime Phone: _____

**Your social security number is requested on this application. Disclosure is mandatory for licensure and authorized by KSA 74-148 and 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.)