

KANSAS BOARD OF COSMETOLOGY

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

APPLICATION FOR DUPLICATE PRACTITIONER'S LICENSE

Use this form to request a duplicate license for any reason OTHER than a name change. Please use 1. Change of Name/Address Form to request a duplicate license due to a name change.

A copy of your current U.S. government issued photo ID may be requested if not already on file with the Board.

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License Type					
Cosmetology				□ Senior □	
Manicurist □ Esthetics □	=	attoo Artist □ □	Electrology Body Art Trainer		
Practitioner Information	. motractor		Body / III Trainer		
1 ractitioner information					
Name:		whose mailing address is:			
LdSt	FIISL	Middle			
(Street)	(City/State)	(Zip))	(Phone Number)	
Email Address:					
whose license number is: and *Social Security Number is:****=***=					
* 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.					
wishes to apply for a duplicate of said license. Being duly sworn and deposed, I state my license has been (check					
appropriate one): ☐ Destroyed					
□ Lost					
☐ Stolen - if stolen please attach a copy of the police report. ☐ Never Received					
☐ Never Received ☐ Updated Manicurist License					
☐ Working in more than one facility. List below each facility in which you are providing consumer services:					
Facility:	Facility:Facility License #				
Address:	set) (City)				
Facility:	acility:Facility License #				
Address:		(City)			
Fee Payment \$25					
Credit Card Payment \$25		Check or Money Ord	er Payment \$25		
1). Go to the Board websit		1). Complete this form			
2). Select Pay Portal from the Top Menu Bar3). Transaction Item = Duplicate License Fee		2). Make Check or Money Order Payable to the Kansas Board of			
	# from your emailed receipt below	Cosmetology 3). Mail form and pay	ment to the Board of	ffice at the address	
Order ID #	·	provided above.	inone to the Board of	moo at the address	
Attestation					
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:			
If you have questions about this form please e-mail vickie.rodriguez@ks.gov					
11 you have questions about this form please e-man vickie.rouriguez@ks.gov					

Office Use Only: Approval Date:_____ Authorization: _____