



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

INSTRUCTOR LICENSE REINSTATEMENT APPLICATION

Please include a copy of your U.S. government issued photo ID with this application.

What type of Instructor license are you applying for?

☐ COSMETOLOGY
INSTRUCTOR

☐ ESTHETICS
INSTRUCTOR

☐ MANICURING
INSTRUCTOR

☐ ELECTROLOGY
INSTRUCTOR

Name: _____
(Last) (First) (Middle)

Address: _____
(City) (St) (Zip)

Phone: _____ Email: _____

Date of Birth: _____

*Social Security No: XXX-XX-_____
Last 4 SSN

*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.

**KS Practitioner License # _____ (Required)

**If you are applying for your instructor license from out of state you have to have your Kansas practitioner license first before you can be considered for an instructor license.

Instructor Application Fee \$75.00

Credit Card Payment \$75

- 1). Go to the Board website: www.kansas.gov/kboc
- 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.

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

11/16/2022

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