

Kansas Board of Cosmetology

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

Verification of Full Time Active Practice

To be designated as a cosmetic tattoo artist trainer, tattoo artist trainer, or a body piercing trainer the applicant shall submit verification of five years of full-time, active practice, consisting of at least 1,500 hours per year, as a licensed cosmetic tattoo artist, tattoo artist, or body piercer in any state. KAR 69-15-3 (a) (5).

Employment History			
List your complete employment his intend to train.	story in reverse order, beginning with you	ur present status as pertains to the area of practice in which you are	
Employer Name:	Your Job Title:	Employer Phone Number:	
Employer Address:	City:	State: Zip:	
Employer Email:	Employment Start Date:	Employment End Date:	
Total Months of Employment:			
Employer Name:	Your Job Title:	Employer Phone Number:	
Employer Address:	City:	State: Zip:	
Employer Email:	Employment Start Date:	Employment End Date:	
Total Months of Employment:			
Employer Name:	Your Job Title:	Employer Phone Number:	
Employer Address:	City:	State: Zip:	
Employer Email:	Employment Start Date:	Employment End Date:	
Total Months of Employment:	<u></u>		
Attestation			
		as that I have read and understand the application and the application and the application and the application and the application is true and correct.	tion
Signature Required:		Date:	
The Board asks that you allow 7-10 bu	siness days to process information received. V testing information will be sent to the ema	Nork is processed in the order it is received. Application confirmation, updates, an ail address provided on the application.	ıd