

## **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

## **Verify your Kansas License/Training to Another State**

Use this form when you are requesting proof of your Kansas license/training be sent to another state. You must include copies of your current U.S. government issued photo ID and social security card verifying your identity.

The name on the ID and social security card must match exactly.

NAME:						
NAME:	Last	First	<del> </del>	Middle	<del> </del>	
ADDDECC.						
ADDRESS:	Street		City	ST	Zip	
	0.000		•		•	
PHONE NUMBER: (_	)	<del></del>	EMAIL:		····	
DATE OF BIRTH:		SOCIAL S	SECURITY #:			
	MM/DD/YYYY	* Disclosure is ma individuals lawfull	ndatory for licensure and authorized by residing in the U.S. Upon request of the participants along the property and the prop	by K.S.A. 74-148 and K.S.A. 74-139. If the director of taxation, each such au	It is used to verify identity and license athority shall provide to the director of ty number and address.	
License Number(s):			ne Kansas Boai	rd of Cosmetolo	gy, as well as the	
	can be verified online at:					
	<u>h</u>	https://www.kansas.gov/kboc/License_Verification.htm				
Verifications are only se					email	
		directly to t	he state yo	u have req	uested.	
<u>Γο have an Email veri</u>	ication sent to anot	<u>her State Licensir</u>	ng Agency:	•		
Provide the name of the	e state(s):					
		<del></del>				
To have an Email verif	ication sent to anot	her school please	provide the Scho	ool name, city, sta	te and email below:	
					_	
School Name	School City	School State	School	E-mail Address	<del></del>	
Military Service (Comple	te if Applicable)					
,	le a copy of your CAC card					
• • • •	le a copy of your CAC card					
Military Service Membe Separation Date:	er (Provide your DD-214 a	ind separation date belo	ow)			
FEE PAYMENT: \$20 *	 Cosmetology Profession	ns Only. There is no	charge for Body Art o	or Tanning License V	erification Requests.	
Credit Card Payment	\$20	•	Check or Money	y Order Payment S	\$20	
1). Go to the Board website: www.kansas.gov/kboc			1). Complete this		<u> </u>	
2). Select Payment Portal from the Top Menu Bar			2). Make Check or Money Order Payable to the Kansas			
3). Transaction Item = Board Verification Fee			Board of Cosmetology			
l). Record your Order II	D # from your emailed	d receipt below		I payment to the Bo	oard office at the	
Order ID #			address provided above.			
Jrder ID #		_				
ave you had a license certifi tate against any professional ertificate or permit been deni	or occupational license, of	certificate or permit held	l by you: or has an apr	olication for any profess	sional or occupational licen	
es No						
declare under penalty of per	jury under the laws of the S	State of Kansas that the	•			
Signature Required:				)ate:	· · · · · · · · · · · · · · · · · · ·	