

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

AFFIDAVIT OF COSMETOLOGY SERVICES

Instructions: Please complete and return the Affidavit to the Board. The form must be on file prior to services being conducted. A new Affidavit must be completed should your employment change.

I,	, license N	o, being of legal capacity, attest	
I curr		se issued by the Kansas Board of Cosmetology and will	
I.	I will only perform Cosmetology, Esthetics, Nail Technology, or Electrology services for individuals in their home or place of business;		
II.	I am currently employed and provide Cosmetology, Esthetics, Nail Technology, or Electrology services in a licensed establishment at least 51% of my total hours per week at the following:		
E	stablishment Name:	License No.:	
III.	I will submit a new Affidavit to the Board should my employment with the listed establishment change.		
I decl		he State of Kansas the above information is true and	
Signature Required		Date	
Phone Number		E-mail Address	

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

The mission of the Kansas Board of Cosmetology is to protect the health and safety of the consuming public by licensing qualified individuals and enforcing high standards of practice. Only through compliance with state law and rules and regulations can this mission be met.