

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

APPLICATION FOR APPROVAL AS TRAINER

APPLICANTS MUST PROVIDE THE FOLLOWING:

- 1. The applicant's current, valid Kansas permanent color technician, body piercing technician, or tattoo artist license number;
- 2. Documentation outlining the applicant's proposed training syllabus and meeting the requirements of K.A.R. 69-15-2.
- The name and address of the licensed facility where training will be provided.
- 4. \$15 Trainer application fee

To be designated as a cosmetic tattoo trainer, tattoo artist trainer, or body piercing trainer, the applicant shall submit verification of five years of full-time, active practice, consisting of at least 1500 hours per year, as a licensed cosmetic tattoo artist, tattoo artist, or body piercer in any state. KAR 69-15-3 (a) (5).

Credit Card Payment \$15

- 1). Go to the Board website: www.kansas.gov/kboc
- 2). Select Payment Portal from the Top Menu Bar
- 3). Transaction Item = Trainer License Fee
- 4). Record your Order ID # from your emailed receipt here:

Check or Money Order Payment \$15

- 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.

1. Type of license:	Tattoo Artist	Cosmetic Tattoo Arti	ist
_	Body Piercing Technician	Tattoo/Cosmetic Tat	too Artist
2. License No	License Expirati	on Date:	
3	(First		· · · · · · · · · · · · · · · · · · ·
(Last Name)	(First	Name)	(MI)
4(Street Address)	(City)	(ST)	(Zip)
5. Phone No:			
(Work)	(Home/Cell)		(Email)
6. Establishment(s) where	training will be provided:		
7. Establishment(s) Licens	e No(s).		
8. Establishment Address:			
	(Street Address)	(City)	(ST) (Zip)
A training program directly	supervised by an approved trainer s	shall be limited to one trainee.	
Trainers must maintain an could result in disciplinary licensure.	active practitioner license to maintai action including but not limited to Bo	n a valid training license. Lapa ard denial of training obtained	se in practitioner licensure I during the lapse in
I delcare under penalty of	perjury under the laws of the state of	Kansas that the information p	provided is true and correct.
Last Revised 03/25/2024	Signature Required	(Date)	



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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			
	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:			
Attestation			
		s that I have read and understand the application and the application nent history provided is true and correct.	
The Board asks that you allow 7-10 bu	siness days to process information received. W testing information will be sent to the ema	/ork is processed in the order it is received. Application confirmation, updates, and il address provided on the application.	