



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

What types of disciplinary actions must be disclosed? You must report to the Board if you had a license certificate or permit revoked, suspended or limited, or had other disciplinary action taken by the State of Kansas or any other state against any professional or occupational license, certificate or permit held by you; or had an application for any professional or occupational license, certificate or permit been denied by the State of Kansas or proper regulatory authority of another state, territory, District of Columbia or another country. The Board may request you submit additional documentation pertaining to the actions listed below prior to reviewing your application for licensure.

PRIOR DISCIPLINARY ACTION DISCLOSURE FORM

<p>APPLICATION TYPE</p> <p style="text-align: center;">COSMETOLOGY</p> <p><input type="checkbox"/> Apprentice</p> <p><input type="checkbox"/> Practitioner</p> <p><input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Establishment</p> <p><input type="checkbox"/> Instructor</p>	<p style="text-align: center;">BODY ART</p> <p><input type="checkbox"/> Apprentice</p> <p><input type="checkbox"/> Practitioner</p> <p><input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Establishment</p> <p><input type="checkbox"/> Trainer</p>
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APPLICANT/LICENSEE INFORMATION

NAME		EMAIL	
HOME ADDRESS	CITY	STATE	ZIP
PHONE	CELL PHONE	DATE OF BIRTH	LICENSE NO. (IF APPLICABLE)

PRIOR DISCIPLINARY ACTIONS (attach a second sheet if necessary)

Description and Date of Action Taken (include case numbers if applicable)	Name of the State and/or Authority who took action	Against what type of license (include license numbers)	Outcome and current license license status



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PRIOR DISCIPLINARY ACTION DISCLOSURE FORM

EXPLANATION

Please explain your account of the disciplinary action(s) listed on the previous page.

Explain why the Board should grant your request for a license.

CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that the information contained herein is true and correct. I understand providing false information may constitute grounds for denial of my application pursuant to K.S.A. 65-1908.

SIGNATURE

DATE SIGNED