



**Kansas Board of Cosmetology**  
714 SW Jackson Suite 100 Topeka, KS 66603  
Telephone: (785) 296-3155 Fax: (785) 296-3002  
Email: [Kboc@ks.gov](mailto:Kboc@ks.gov) Website: [www.kansas.gov/kboc](http://www.kansas.gov/kboc)

**Certification - One Year of Experience**

Documentation of a year's **work** experience must be verified by your employer or employers\*. If you have worked for two or more employers, please have each employer complete a form to substantiate one year's work experience (equal to 2000 hours). Part time can be counted for only those hours **actually worked**.

\*If you were self-employed or if your previous employer is no longer in business, please have two patrons (clients) on whom you performed cosmetology services complete this form to substantiate your year of work experience. **(: cf dUfcbg'us]b[ this form; salon license # and address are not required.)** \*\*\*\*\*

I, \_\_\_\_\_ hereby swear or affirm  
(Salon Owner/Manager/Patron Circle One)

\_\_\_\_\_ has been in my employ during the following dates:  
(Name of Employee)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Salon: \_\_\_\_\_ Salon License # \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (St) (Zip)

I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true and correct.

\_\_\_\_\_  
Signature of Owner/Manager/Patron Date

If you have questions about this form please e-mail [kboc@ks.gov](mailto:kboc@ks.gov)