



Jayhawk Tower
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Board of Barbering
Created February 27, 1913

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Sam Brownback, Governor

APPLICATION FOR INSTRUCTOR EXAM

(Read Carefully)

To be used by barbers and students applying for examination.

Fees must accompany applications.

EXAMINATION FEE\$170.00
LICENSE FEE \$ 40.00
TOTAL AMOUNT DUE \$ 210.00

ALL APPLICATIONS MUST BE IN THE ADMINISTRATIVE OFFICE NOT LATER THAN 21 DAYS PRIOR TO EXAM

I hereby make application for examination to practice as a barber in the State of Kansas. In submitting this application, it is agreed by me if there is any part found to be false or fraudulent, I forfeit the right of a license.

NAME OF APPLICANT (PLEASE PRINT): _____

PHONE NUMBER: Home: _____ Cell: _____

STREET (OR MAILING ADDRESS): _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

HIGH SCHOOL GRADUATE OR G. E. D. EQUIVALENCY: Yes _____ No _____

Have you ever attended a barber College? Yes ___ No ___ If yes, provide start date: _____

Number of hours completed: _____ Date of graduation: _____

Name of Barber College: _____

Address of Barber College: _____

Have you ever examined for barber licensure in another state(s)? Yes ___ No ___

If yes, name of state(s): _____

Have you ever been licensed to practice barbering in another state(s)? Yes ___ No ___

If yes, name the state(s): _____

Have you ever had a Kansas barber license? ___ If yes, what year(s)? _____

Check here if left-handed _____

Title II of the Americans with Disabilities Act (ADA) prohibits state and local governments from discriminating against individuals with disabilities based on that disability. If accommodation is needed for the examination, please note below.

SIGNATURE (OF APPLICANT)

DATE OF APPLICATION

CERTIFICATE OF MORAL CHARACTER

Have you ever been convicted of any offense(s) other than minor traffic violations? Yes _____ No _____

If yes, state the offense (s) in which you were convicted and the date(s) of conviction: _____

Have you ever been confined in a penal institution? Yes _____ No _____

If yes, name the institution(s) and the period(s) of confinement: _____

(If applicant is currently on parole, then a letter of recommendation must be submitted with this application from their parole officer.)

State of Kansas _____

ss:

County of _____

I, _____, being first duly sworn deposes and says, that the answers to the foregoing questions and statements made in the forgoing application are true and correct.

SIGNATURE (OF APPLICANT)

DATE

Subscribed and sworn to before me on this _____ day of _____, 20____

My commission expires: _____

Notary Public

S E A L