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Sam Brownback, Governor

**KANSAS BARBER EXAMINATION**

**(Read Carefully)**

To be used by barbers and students applying for examination.  
Fees must accompany applications.

EXAMINATION FEE .....\$100.00  
LICENSE FEE ..... \$ 80.00  
TOTAL AMOUNT DUE \$ 180.00

**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