



Jayhawk Tower
700 S.W. Jackson Street, Suite 1002
Topeka, KS 66603-3811

Phone: (785) 296-2211
Fax: (785) 368-7071
kbob@kbob.ks.gov
http://kbob.kansas.gov

Sam Brownback, Governor

APPLICATION FOR TRANSFER OF INSTRUCTOR LICENSE

Processing Fee: \$170.00 License Fee: \$40.00 Total Amount Due: \$210.00

TO: KANSAS BOARD OF BARBERING

I hereby make application to practice as a barber instructor in the State of Kansas. In submitting this application I hereby agree if any answer is false or fraudulent, I forfeit the right to the license.

1. NAME: _____ PHONE NUMBER: _____

2. STREET (OR MAILING) ADDRESS: _____

CITY _____ STATE: _____ ZIP CODE _____

3. SOCIAL SECURITY NO. _____

4. DATE OF BIRTH: _____ PLACE OF BIRTH: _____

5. ARE YOU A CITIZEN OF THE UNITED STATES? YES: ___ NO: ___

6. BARBER INSTRUCTOR TRAINING: Where did you receive your barber instructor training?

Name of Barber School or College: _____

Address: _____

How many hours of barber instructor training did you receive? _____

7. BARBER INSTRUCTOR EXPERIENCE: YEARS & MONTHS

8. NAME AND ADDRESS OF THE BARBER SCHOOL OR COLLEGE WHERE LAST EMPLOYED:

NOTE: MAKE CERTAIN THAT THE AFFIDAVIT ON THE REVERSE SIDE IS COMPLETED AND SIGNED IN THE PRESENCE OF A NOTARY PUBLIC. IN ADDITION, MAKE CERTAIN THAT YOU HAVE ENCLOSED THE ITEMS AS NOTED IN THE CHECKLIST ON THE REVERSE SIDE. FURTHER, THE FEE (OF \$210.00) IS NOT REFUNDABLE.

