

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 TO TRANSFER BARBER LICENSE

Processing Fee: \$100.00 License Fee: \$80.00 Total Amount Due: \$180.00

TO: KANSAS BOARD OF BARBERING

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

1. NAME _____ TELEPHONE NUMBER: _____
2. STREET (OR MAILING) ADDRESS _____
CITY _____ STATE: _____ ZIP CODE _____
3. DATE OF BIRTH: _____ PLACE OF BIRTH: _____
4. SOCIAL SECURITY NO. _____
5. HAVE YOU GRADUATED FROM AN ACCREDITED HIGH SCHOOL OR OTHERWISE OBTAINED G.E.D. EQUIVALENCY? YES: ___ NO: ___ IF NO, THEN EXPLAIN:

6. ARE YOU A CITIZEN OF THE UNITED STATES? YES: ___ NO: ___
7. NAME AND ADDRESS OF THE BARBER SCHOOL THAT YOU ATTENDED:
8. HOURS ATTENDED: _____ DATE BEGAN: _____ DATE COMPLETED: _____
9. NAME AND ADDRESS OF THE BARBER SHOP WHERE LAST EMPLOYED:

10. BARBERING EXPERIENCE, INCLUDING APPRENTICESHIP: YEARS MONTHS

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 \$180.00) IS NOT REFUNDABLE.

