

KENTUCKY STATE BOARD OF HAIRDRESSERS
& COSMETOLOGISTS
111 ST. JAMES COURT, SUITE A
FRANKFORT, KY 40601
(502) 564-4262

**OUT-OF-STATE LICENSE TRANSFER APPLICATION
LICENSED OVER 2 YEARS**

- COSMETOLOGIST - \$120.00**
 - NAIL TECHNICIAN - \$75.00**
 - ESTHETICIAN - \$175.00**
 - COSMETOLOGY INSTRUCTOR
\$200.00 **
- **LICENSING FEE IS NOT TO BE
SUBMITTED WITH THIS
APPLICATION. THE LICENSE FEE
IS NOT TO BE SUBMITTED UNTIL
YOU HAVE RECEIVED BOARD
APPROVAL FOR LICENSING.**

***** PROOF OF EMPLOYMENT/WORK HISTORY IN THE
INDICATED LICENSING FIELD FOR UP TO 5 YEARS MUST BE
SUBMITTED WITH THIS APPLICATION.**

****YOU MUST REQUEST A CERTIFICATION OF YOUR LICENSE
TO BE SUBMITTED TO OUR OFFICE. THIS DOCUMENT MUST
BE SUBMITTED FROM THE STATE BOARD THAT YOU HOLD
A CURRENT LICENSE.**

***** APPLICANTS MUST SUBMIT PROOF OF 12TH GRADE
EDUCATION WITH THIS APPLICATION. (EDUCATION
OBTAINED INTERNATIONALLY MUST BE SUBMITTED WITH
AN OFFICIAL TRANSLATION.)**

***** COMPLETED APPLICATIONS WITH REQUIRED
DOCUMENTATION WILL BE PLACED ON THE MONTHLY
BOARD AGENDA FOR EVALUATION. BOARD DECISIONS
WILL BE MAILED TO THE APPLICANT 7-10 BUSINESS DAYS
FOLLOWING THE BOARD MEETING.**

**COMPLETED APPLICATIONS MUST BE SUBMITTED WITH ALL REQUIRED DOCUMENTATION
BY THE BOARD MEETING DEADLINE TO BE PLACED ON THE INDICATED MONTHS AGENDA.
PLEASE SEE WWW.KBHC.KY.GOV FOR BOARD AGENDA SCHEDULES.**

FULL NAME OF APPLICANT _____
(First) (Middle) (Maiden) (Last)

ADDRESS: _____
(Street Address) (City, State, & Zip Code)

SOCIAL SECURITY NUMBER: _____ DAYTIME PHONE # (_____) _____

DATE OF BIRTH _____ MALE FEMALE E-MAIL ADDRESS _____

Indicate state you are transferring from: _____ (license must be **active & current**)

How many years have you been licensed to practice? _____ Date License obtained: _____ License # _____

Have you ever been convicted of a felony? Yes No If yes, documentation must be attached.

Are you in default on any loan obligation issued by the Kentucky Higher Education Assistance Authority (KHEAA)? Yes No

APPLICATION MUST BE NOTARIZED

I certify under penalty of law that the above information is true and correct to the best of my knowledge.

**ATTACH RECENT
PHOTOGRAPH
HERE.
MUST BE ON PHOTO QUALITY
PAPER!
NO COPIES OF PHOTOS WILL
BE ACCEPTED!!**

Signature of Applicant

APPLICATION MUST BE NOTARIZED

SUBSCRIBED AND SWORN before me this _____ day of
_____, 20____.

Notary Public

SEAL