



KENTUCKY STATE BOARD OF HAIRDRESSERS AND COSMETOLOGISTS

111 St. James Court Suite A
Frankfort, Kentucky 40601
Phone (502) 564-4262
Fax (502) 564-0481
www.kbhc.ky.gov

Apprentice Cosmetologist Extension Request

Name - _____

License Number - _____ Contact Number - _____

Months of Completed Apprenticeship - _____ Dates - ____/____/____ to ____/____/____

Reason for Extension - _____

*****Please enclose a letter from a potential employer that is willing to let you finish your Apprenticeship at his/hers salon. This application will not be put before the Board without a potential employer letter.*****

Signature

Date