



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

Application for Apprentice Instructor License to Teach Cosmetology
TO BE COMPLETED BY APPLICANT; LICENSE FEE \$35.00 Cashers Check or Money Order Only

Name of Applicant: \_\_\_\_\_

Address \_\_\_\_\_
(Street) (City/State) (Zip Code)

Phone Number \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Cosmetology License#: \_\_\_\_\_ Date Licensed (Cosmetologist): \_\_\_\_\_
NOTE: Cosmetologist must be licensed for ONE year prior to applying, this DOES NOT include the Apprentice license.

Cosmetology School: \_\_\_\_\_

Name of High School Attended: \_\_\_\_\_ Date Graduated: \_\_\_\_\_
(Please submit copy of High School diploma)

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes Documentation must be Attached

\_\_\_\_\_  
Signature of Applicant

To be completed by school:
Name of Cosmetology School: \_\_\_\_\_

Address: \_\_\_\_\_
(Street) (City/State) (Zip Code)

School Owner(s): \_\_\_\_\_ School License # \_\_\_\_\_

Name of Apprentice Instructor to be Enrolled: \_\_\_\_\_
(Applicant)

Date of Enrollment: \_\_\_\_\_ School Phone # \_\_\_\_\_

In accordance with Kentucky Revised States 317.505, we submit this joint application for the aforementioned applicant to
train as an Apprentice instructor of cosmetology at the above school.

\_\_\_\_\_  
Signature of Owner(s)

You must have this application notarized by a notary public.
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_ and \_\_\_\_\_
(Applicant) (School Owner)

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Commission Expiration)

Revised: 5/10

