



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

Out of State Student Application for Kentucky Cosmetology School

Date Received _____ Permit Issued _____ Date Issued _____

The enrollment application must be completed in full, before being accepted by the Board, and mailed to the office within ten (10) day after the student's enrollment in the school of cosmetology. No application will receive credit for more than ten (10) days time in school prior to receipt of the completed application in the office. A fee of \$15.00 check or money order must accompany all applications. Proof of Two (2) years high school education or its equivalent must be attached to the application. A certification from the State Board in which the apploant obtained licensure or hours must be attached.

Full Name of Applicant: _____
(Use no initials) Last First Middle or Maiden

Address: _____
Street City State Zip Code

Date of Birth: _____ Sex: Male ___ Female ___ Social Security Number _____

Have you been convicted of a Felony? Yes ___ No ___ If you have been convicted of a felony, do you understand that although the Kentucky State Board of Hairdressers will certify the hours you receive in Kentucky, you may not become licensed in Kentucky? Yes ___ No ___

Enrollment Date: _____ Cosmetology School: _____

School Address: _____

Course: Cosmetology ___ Manicuring ___ Esthetics ___

Number of hours obtained in another state: _____ State hours obtained _____

Hours needed to meet Kentucky Requirements: _____

Current License number: _____ Expiration Date of License: _____

Signature of Applicant: _____ Date _____

Signature of School Representative: _____ Date _____

Revised 8/2006

