

Kentucky Board of  
Cosmetology



1049 US HWY 127 Annex #2 • Frankfort, KY 40601 • (502)-564-4262 • [www.KBC.ky.gov](http://www.KBC.ky.gov)

## Military Transfer Application Instructions

### Application Requirements:

ALL requested information shall be provided with no changes to the printed form. Write legibly with ink or type, and state full legal name (name changes must be accompanied by official name change documents). Incomplete or incorrect applications WILL NOT be considered for licensure and will be returned to the applicant.

Military Transfer Applicants are required to submit the following documentation:

- Complete Military Transfer Application
- Application fee listed for the specific field of licensure.
- Copy of the applicant's Government Issued Photo ID.
- A copy of the applicant's high school/GED transcript or diploma. Transcripts or Diplomas issued in a foreign country must be submitted with an original, official translation of the document.
- Copy of proof of service or sponsor's service in a branch of the United States Armed Services.
- Applicant must request certification or official equivalent from the state licensing agency the applicant is transferring from be sent to the Board office for application processing. Applications cannot be processed without this certification on file at the board office.
- Applicants that have been convicted of a felony must submit documentation for review by the board. The following documentation must be submitted with the application: a typed and signed letter of explanation from the applicant, Judgment of Sentence, and if the applicant is currently on probation or parole a letter of good standing from the applicants probation/parole officer.

### Photo Requirements:

Shall be a 2 x 2 passport photo of the applicant, taken within the past six (6) months, with no filters, adjustments, or objects obscuring the identity of the applicant. **NO photocopies or snapshots of the applicant will be accepted.**

### Application Submission:

All requested documentation, except license certification from the transferring state, shall be submitted and received with the Military Transfer Application for the applicant to be considered for Kentucky licensure. It is the applicant's responsibility to verify that license certification from the transferring state is on file at the board office prior to submitting the transfer application. Applications cannot be considered for transfer without this document.

Due to the high volume of applicants, application receipt or approval cannot be verified by the board office unless it has been 30 days from the mailing date. If verification of receipt is desired by the applicant then mailing by traceable means, i.e. certified with signature required, Fed-Ex, UPS, etc. is required.

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**Military Transfer Application**

**ALL Application Requirements listed on the attached instruction page shall be met for the applicant to be considered for licensure.**

**CHECK ONE:**

- COSMETOLOGIST**
- NAIL TECHNICIAN**
- ESTHETICIAN**
- COSMETOLOGY INSTRUCTOR**
- ESTHETIC INSTRUCTOR**
- NAIL INSTRUCTOR**

**License Fee: \$ 25.00**

**Fee Shall Be Submitted With Application**

Attach Photo  
Here

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Date Photo Taken

Full Name: \_\_\_\_\_  
                    First                                Middle                    Maiden                                Last

Social Security # : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:     Male     Female

Mailing Address: \_\_\_\_\_  
  Street Address

\_\_\_\_\_ City                                  State                                  Zip Code

Phone Number: \_\_\_\_\_ Email Address (Required): \_\_\_\_\_

Years Licensed: \_\_\_\_\_ Transferring State: \_\_\_\_\_ License Number: \_\_\_\_\_

- Applicant must hold a current and active license in the transferring state or must meet the Kentucky hourly requirement for the equivalent field of licensure.

Have you been convicted of a felony?    Yes    No

I understand that withholding information requested on a KBC application, or giving false or misleading information, may be reason for denial of examination and/or licensure with the Kentucky Board of Cosmetology. I certify that all the information and statements I have provided in this application are current, correct, and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_

**For KBC Use Only: Applicant ID Number \_\_\_\_\_ Date Processed: \_\_\_\_\_**