

Kentucky Board of  
Cosmetology



111 St. James Ct. , Suite A • Frankfort, KY 40601 • (502)-564-4262 • [www.KBC.ky.gov](http://www.KBC.ky.gov)

**Certification Request Form**

**Certification Fee - \$25.00**

**Applicant must submit a copy of their government issued photo ID with this application.**

**Applicant is required to provide ALL requested information. Incomplete applications will be returned.**

Applicant Information:                      Student                      KBC License Holder

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

Address: \_\_\_\_\_  
    Street Address  
\_\_\_\_\_  
    City    State    Zip Code

Social Security Number-Last 4 Digits Only: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

License Number: \_\_\_\_\_ Current and Active:                      Yes                      No

Applicant Email Address: \_\_\_\_\_

**Student(s) Only:**

Name of Licensed School: \_\_\_\_\_ Date(s) of Attendance: \_\_\_\_\_

School Address: \_\_\_\_\_

State Licensing Agency Certification is to be sent to:

**Certification Will Only Be Sent To A State Licensing Agency or Kentucky School, No Personal Addresses**

State Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_  
    Street Address    City    State    Zip Code

Email Address Certification is to be sent to: \_\_\_\_\_

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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For KBC Use Only: Date Processed: \_\_\_\_\_ Prior Certification Requests: Y N State(s): \_\_\_\_\_