

Kentucky Board of
Cosmetology



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

License Application Instructions

Application Requirements:

ALL requested information and fees must be provided with no changes made to the printed form. Write distinctly with ink, and give 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 for correction.

License Applicants are required to submit the following documentation:

- Completed License Application.
- Application fee.
- 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.
- Proof of successful completion of a nationally certified licensing examination.
- Applicants that have been convicted of a prior 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 is required.

Application Submission:

All requested documentation must be submitted and received with the license application for the applicant to be considered for Kentucky licensure.

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 it will need to be mailed by traceable means, i.e. certified with signature required, Fed-Ex, UPS, etc.

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License Application

License Fee: \$ 50.00

**Applicant Must Submit a
Copy of Government Issued
Photo ID With This
Application.**

All Requested Information Must Be Provided Prior to Application Processing

Applicant Name: _____
First Middle Maiden Last

Mailing Address: _____

Street Address _____
City State Zip Code

Last 4 Digits of Social Security Number: _____ Birth Date: _____

Phone Number: _____ Email Address (Required): _____

License Type- Check One:

Cosmetologist

Nail Technician

Esthetician

Instructor

Blow Drying Services

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: _____ Date: _____