## Kentucky Board of Cosmetology



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

## **Apprentice Instructor License Application**

( 3	e to be submitted via sch	nool portal after boar	d approval is receive	ed)			
nstructor Enrollment Program:					Attach Photo Here		
Cosmetology Nail Technology		, Esth	Esthetics  D and high school diploma/  dicated above for a minimum of		Data Dhata Ta		
A copy of the applicants transcript must be recei		Date Photo Taken  *Photo must meet passport photo requirements and must have been taken within past 6 months*					
Applicant is required to hold a license in the field incone (1) year prior to applying.					eld indicated above		
Name:		Middle/Maiden		Las	Last		
A dalma a si							
Address:		Street Ad	dress				
City	City		;	Zip Code			
Last 4 Digits of Social S	Security Number:	Birthdate	:	Gender:	Female	Male	
Enrollment Date:	Email	Address:					
School Name:			School Licen	se Number	:		
Program Hours Previo	ously Obtained:	No	Yes				
Location:			Hours Ob	tained:			
	g hours obtained oute e licensing agency of e at the board office F	the transferring	state before enro				
Have you been convicte	ed of a felony?	No	Yes				
Have you been convicte	ed of a felony?	No 	Yes  Name of School	Representativ	ve		
Have you been convicted  Name of Applicant  Signature of Applicant	ed of a felony?	No		-			

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