## Kentucky Board of Cosmetolog**y**



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

## **Duplicate License Application**

**Duplicate License Fee: \$25.00** 

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		liddle Maiden	Last
Mailing Address:	S	treet Address	
City		State	Zip Code
Last 4 Digits of Social Security Number:		Birth Date:	
Phone Number:	Email Ac	ddress ( Required):	
License Type- Check One:		License Number:	
Cosmetologist	Nail Technician	Instructor	Eyelash Artistry Permit
Esthetician	Salon	Threading Permit	Makeup Artistry Permit
Blow Drying Services	Limited Facility		
Reason for Duplicate Reque	est- Check One:		
Lost/Damaged/Stolen-By:		Have Not Received From KBC	
Multiple Salon Emplo	yment- List Salon Names	s and Addresses Below:	
misleading information  Kentucky Board of C	on, may be reson for deni cosmetology. I certify that	uested on a KBC applicati ial of examination and/or t all the information and s tt, and complete to the be	licensure with the tatements I have
Applicant Signature:			