Kentucky Board of
Cosmetology

1049 US 127 South Annex #2 • Frankfort, KY 40601 • (502)-564-4262 • 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): _____