
Rules of
Department of Economic
Development
Division 90—State Board of Cosmetology
Chapter 13—General Rules

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**Title 4—DEPARTMENT OF
ECONOMIC DEVELOPMENT
Division 90—State Board of
Cosmetology
Chapter 13—General Rules**

4 CSR 90-13.010 Fees

PURPOSE: This rule establishes and fixes the various fees and charges authorized by Chapter 329, RSMo.

(1) The following application fees hereby are established by the State Board of Cosmetology:

| | |
|--|----------|
| (A) Operator Reciprocity Fee | \$ 30.00 |
| (B) Duplicate License Fee | \$ 5.00 |
| (C) Operator Renewal Fee | \$ 50.00 |
| (D) Late Fee | \$ 30.00 |
| (E) Instructor License/Renewal Fee | \$ 30.00 |
| (F) Instructor Reciprocity Fee | \$ 38.00 |
| (G) Operator Reinstatement Fee | \$ 80.00 |
| (H) Student/Instructor Trainee Enrollment Fee | \$ 15.00 |
| (I) Apprentice Enrollment Fee | \$ 15.00 |
| (J) Apprentice Supervisor Application Fee | \$ 75.00 |
| (K) Certification/Affidavit of Licensure, Training Hours, Examination Scores | \$ 10.00 |
| (L) School License/Renewal Fee | \$500.00 |
| (M) Salon License/Renewal Fee (up to and including three (3) operators) | \$ 60.00 |
| (N) Additional Operator Fee | \$ 10.00 |
| (O) Delinquent Fee (opening a shop without registering before opening) | \$100.00 |
| (P) Handling Fee (Any uncollectible check or other uncollectible financial instrument) | \$ 25.00 |

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

(4) All licenses shall be renewed biennially and shall expire on September 30 of each odd-numbered year.

(5) Checks or other financial instruments returned to the board as uncollectible shall be turned over to the prosecuting attorney's office and the licensee shall be required to pay a handling fee in addition to submitting replacement funds to the board.

(6) Payment of any copy/printout fees and search fees may be required before any information will be provided.

AUTHORITY: sections 329.110 and 329.210, RSMo 2000. Emergency rule filed July 1, 1981, effective July 11, 1981, expired Nov. 11, 1981. Original rule filed July 1, 1981, effective Dec. 11, 1981. Emergency amendment filed April 13, 1982, effective April 23, 1982, expired Aug. 12, 1982. Amended: Filed April 13, 1982, effective July 11, 1982. Emergency rescission filed May 12, 1983, effective May 22, 1983, expired Sept. 19, 1983. Emergency rule filed May 13, 1983, effective May 23, 1983, expired Sept. 20, 1983. Rescinded: Filed May 13, 1983, effective Sept. 11, 1983. Readopted: Filed May 13, 1983, effective Aug. 11, 1983. Emergency amendment filed Feb. 9, 1984, effective Feb. 19, 1984, expired June 18, 1984. Amended: Filed Feb. 9, 1984, effective May 11, 1984. Amended: Filed June 16, 1987, effective Aug. 27, 1987. Amended: Filed April 19, 1989, effective July 1, 1989. Amended: Filed Aug. 2, 1990, effective Dec. 31, 1990. Emergency amendment filed April 16, 1991, effective April 26, 1991, expired Aug. 14, 1991. Amended: Filed April 2, 1991, effective Sept. 30, 1991. Emergency amendment filed Aug. 5, 1991, effective Aug. 15, 1991, expired Dec. 12, 1991. Amended: Filed June 30, 1993, effective Dec. 9, 1993. Amended: Filed July 13, 1994, effective Jan. 29, 1995. Amended: Filed Dec. 14, 1995, effective June 30, 1996. Amended: Filed May 31, 1996, effective Dec. 30, 1996. Amended: Filed Dec. 12, 1996, effective July 30, 1997. Amended: Filed July 27, 1998, effective Jan. 30, 1999. Amended: Filed Jan. 4, 1999, effective July 30, 1999. Amended: Filed March 15, 2000, effective Sept. 30, 2000. Amended: Filed Dec. 1, 2000, effective May 30, 2001.*

**Original authority: 329.110, RSMo 1939, amended 1945, 1981, 1995 and 329.210, RSMo 1939, amended 1945, 1945, 1949, 1981, 1987, 1993, 1995, 1998.*

4 CSR 90-13.020 Reinstatement of Expired License

PURPOSE: This rule explains the requirements for reinstatement of an expired license.

Editor's Note: The forms mentioned in this rule may be found at the end of the chapter following 4 CSR 90-13.050.

(1) The holder of an expired license to practice any of the classified occupations of cosmetology may submit an application to the board to reinstate that license within two (2) years of the date the license expired. The application shall be on a form supplied by the board and shall be accompanied by the license renewal fee plus the late fee and other information as the board may require.

(2) Examination Required.

(A) Any person who has allowed his/her license to practice any of the classified occupations of cosmetology to expire for a period of more than two (2) years may submit an application to the board to reinstate that license by examination. The examination shall consist of the practical portion of the licensure examination. The application shall be properly completed on a form supplied by the board and shall include or be accompanied by the individual's license number, the license renewal fee and the late fee, two (2) bust photographs measuring approximately two inches by two inches (2" × 2") which have been taken within the last two (2) years and other information as the board may require.

(B) In order to be scheduled for examination to reinstate an expired license, the properly completed application must be received in the Jefferson City office along with the required fees no fewer than ten (10) working days prior to the first day of each scheduled examination. Applications received after this cut-off date and all applications received after every available space for the examination has been filled, whether that application was received prior to or after this cut-off date, shall be scheduled for the next regularly scheduled examination.

AUTHORITY: section 329.230, RSMo 1994. Original rule filed Aug. 2, 1990, effective Dec. 31, 1990. Amended: Filed Dec. 14, 1995, effective June 30, 1996.*

**Original authority: 329.230, RSMo 1945, amended 1981.*

4 CSR 90-13.030 Certification of Licensure, Training Hours, Exam Scores, or any Combination of These

PURPOSE: This rule explains the procedure necessary to obtain a certification of licensure, training hours or examination scores.

Any licensee desiring a certification/affidavit of his/her licensure, training hours, examination scores, or any combination of these, shall submit to the board a written request which contains the licensee's name, address, license number and signature. The request shall be submitted with the required fee in the form of a cashier's check or money order.

AUTHORITY: section 329.230, RSMo 1986.* Original rule filed Aug. 2, 1990, effective Dec. 31, 1990.

*Original authority: 329.230, RSMo 1945, amended 1981.

4 CSR 90-13.040 Duplicate License

PURPOSE: This rule explains the procedure necessary to obtain a duplicate license.

(1) No license issued by the Board of Cosmetology may be photocopied or reproduced in any way. Valid duplicate licenses may only be obtained from the board's office.

(2) If a cosmetology license has been destroyed, lost, mutilated beyond practical usage or was never received, the licensee must obtain a duplicate license from the board. The licensee may choose one (1) of the following options:

(A) The licensee may appear and present the duplicate license fee established in 4 CSR 90-13.010; or

(B) The licensee may appear and present a notarized affidavit stating that the license has been destroyed, lost, mutilated beyond practical usage, or was never received. No fee is required with this option.

(3) To obtain a duplicate license under either of the options in section (2), a licensee must personally appear at the board's office in Jefferson City. Directions to the office may be obtained by contacting the board office. In addition to his/her appearance at the board office, a licensee must produce the following items:

(A) One (1) form of identification as described in 4 CSR 90-13.060; and

(B) Two (2) bust photographs of the licensee measuring approximately two inches by two inches (2" × 2") which have been taken within the last two (2) years.

(4) If a licensee recovers the original license after obtaining a duplicate license in accordance with this regulation, the licensee shall mail the original license to the board office within ten (10) days.

AUTHORITY: section 329.230, RSMo 1994.* Original rule filed Aug. 2, 1990, effective Dec. 31, 1990. Amended: Filed June 8, 1999, effective Dec. 30, 1999.

*Original authority: 329.320, RSMo 1945, amended 1981.

4 CSR 90-13.050 Renewal, Inactive Status, and Reactivation Requirements for Cosmetologists and Instructors

PURPOSE: This rule provides information to cosmetologists licensed in Missouri regarding renewal of that license.

(1) In this section, the following terms shall mean:

(A) License—shall include certificate of registration and the term licensee shall include registrant; and

(B) Inactive license—a currently licensed "Class CA," "Class CH," "Class MO," or "Class E" cosmetologist who has signed an affidavit that s/he is not practicing cosmetology in Missouri.

(2) Renewals. Every two (2) years (biennially) the renewal application for active licensees must be completed, signed, accompanied by the appropriate renewal fee, and returned to the board office prior to the expiration date of the license. All licenses shall expire on September 30 of each odd-numbered year. Any application postmarked after September 30 will be returned and the applicant will be required to reinstate.

(3) Inactive License—A cosmetologist and/or instructor may choose to place his/her license on an inactive status by signing a change in licensure status affidavit stating that s/he will not engage in the practice of cosmetology in Missouri and submitting that application to the board office. An inactive license will be issued to individuals requesting inactive status.

(A) If an inactive cosmetologist and/or instructor decides to again practice cosmetology s/he must complete a reactivation application and submit it along with the current renewal fee. It is the responsibility of each licensed instructor to attend a board approved seminar within the two (2) years immediately preceding the reactivation date and ensure that evidence of attendance accompanies the

change in licensure status affidavit for each activated license. The board reserves the right pursuant to section 329.100, RSMo, to direct any such applicant to take an examination to reactivate.

(4) Any inactive cosmetologist is not eligible to practice in Missouri and will be subject to disciplinary action if s/he practices or offers to practice in Missouri. Any inactive instructor is not eligible to teach while holding an inactive license and will be subject to disciplinary action if s/he teaches or offers to teach in Missouri.

(5) Failure of a licensee to receive the notice and application to renew his/her license shall not excuse him/her from the requirements of sections 329.120, RSMo to renew that license. A license, which has not been renewed prior to the renewal date, or placed on inactive status, shall expire on the renewal date. Any licensee who fails to renew shall not perform or offer to perform any act for which a license is required.

(6) Anyone in classified occupations of cosmetology whose license has expired who wishes to restore the license shall make application to the board by submitting the following within two (2) years of the license renewal date:

(A) An application for renewal of licensure;

(B) The current renewal fee and the late fee, as set forth in 4 CSR 90-13.010.

(7) Anyone in classified occupations of cosmetology whose license has expired more than two (2) years may reinstate that license as set forth in section 329.120, RSMo, and 4 CSR 90-13.020.

AUTHORITY: section 329.210, RSMo Supp. 1998 and 329.230, RSMo 1994.* Original rule filed Jan. 4, 1999, effective July 30, 1999.

*Original authority: 329.210, RSMo 1939, amended 1945, 1945, 1949, 1981, 1987, 1993, 1995, 1998 and 329.230, RSMo 1945, amended 1981.



STATE OF MISSOURI
MISSOURI STATE BOARD OF COSMETOLOGY
ESTHETICIAN APPLICATION

P.O. BOX 1062
JEFFERSON CITY, MO 65102

In compliance with RSMo 329.010(4)(d) which states:

“Class E — Esthetician”, includes the use of mechanical, electrical apparatuses or appliances, tonics, lotions or creams, not to exceed ten percent phenol, engages for compensation, either directly or indirectly, in any one, or any combination, of the following practices: massaging, cleansing, stimulating, manipulating, or exercising, beautifying or similar work upon the scalp, face, neck, ears, arms, hands, bust, torso, legs or feet and removing superfluous hair by means other than electric needle or any other means of arching or tinting eyebrows or tinting eyelashes, of any person;

All persons engaged in any combination of these practices in the State of Missouri, must obtain a current Esthetician license.

RSMo 329.265. states:

Until July 1, 1997, any person licensed in Missouri as a class A cosmetologist pursuant to this chapter may be licensed as an esthetician without examination if such person applies to the state board of cosmetology and pay a fee, as established by the board. After July 1, 1997, any licensed cosmetologist shall be required to complete the required training of seven hundred and fifty hours and pass the required examination.

INSTRUCTIONS

OPERATORS:

To obtain a Class E-Esthetician license you must comply with the following:

1. You must hold a current Class CA or Class CH cosmetology license in the State of Missouri.
2. The license fee is \$30.00. Please make money order or check payable to the State Board of Cosmetology.
3. This completed application and required fee must be received in our office before July 1, 1997.

INSTRUCTORS:

To obtain an instructor Class E-Esthetician license you must comply with the following:

1. You must hold a current Class CA or Class CH instructor license in the State of Missouri.
2. The license fee is \$18.00. Please make money order or check payable to the State Board of Cosmetology.
3. This completed application and required fee must be received in our office before July 1, 1997.

Return To: Missouri State Board of Cosmetology
P.O. Box 1062
Jefferson City, MO 65102
(314) 751-1062

| | | | |
|--|--|------------------------|------------------|
| OPERATOR LICENSE NUMBER | | DATE OF LAST LICENSE | |
| INSTRUCTOR LICENSE NUMBER (IF APPLICABLE) | | DATE OF LAST LICENSE | |
| NAME (FIRST, MIDDLE, MAIDEN, MARRIED) | | | TELEPHONE NUMBER |
| ADDRESS (STREET/ROUTE, BOX NO., CITY, STATE, ZIP CODE) | | | |
| DATE OF BIRTH | | SOCIAL SECURITY NUMBER | |
| APPLICANT SIGNATURE | | | |

NOTE: ALL LICENSES ARE ISSUED FOR A TWO-YEAR LICENSE PERIOD AND EXPIRE SEPTEMBER 30 OF EACH ODD-NUMBERED YEAR. A RECENT PHOTOGRAPH (TAKEN WITHIN THE LAST FIVE YEARS) MUST BE ATTACHED TO YOUR NEW LICENSE AS SOON AS IT IS RECEIVED. THE LICENSE WILL NOT BE VALID UNTIL THIS PHOTOGRAPH IS ATTACHED.

MO 419-2129 (8-95)



STATE OF MISSOURI
MISSOURI STATE BOARD OF COSMETOLOGY
REINSTATEMENT APPLICATION

REINSTATEMENT FOR (CHECK ONE)

OPERATOR INSTRUCTOR

INSTRUCTIONS

OPERATORS

1. COMPLETE ALL PARTS BELOW.
2. ENCLOSE REINSTATEMENT FEE OF \$60.00.
3. ANY PERSON WHO HAS ALLOWED HIS/HER LICENSE TO EXPIRE FOR A PERIOD OF MORE THAN TWO (2) YEARS MUST TAKE THE PRACTICAL PORTION OF THE EXAMINATION IN ORDER TO REINSTATE THAT LICENSE.

INSTRUCTORS

1. COMPLETE ALL PARTS BELOW.
2. ENCLOSE REINSTATEMENT FEE OF \$48.00.
3. MUST SUBMIT PROOF OF ATTENDING A BOARD-APPROVED INSTRUCTOR TRAINING SEMINAR WITHIN THE LAST TWO YEARS.

ALL APPLICANTS

4. ALL LICENSES ARE ISSUED FOR A TWO-YEAR LICENSE PERIOD AND EXPIRE SEPTEMBER 30 OF EACH ODD-NUMBERED YEAR.
5. ATTACH A RECENT PHOTOGRAPH (TAKEN WITHIN THE LAST 5 YEARS) TO NEW LICENSE AS SOON AS IT IS RECEIVED. THE LICENSE **WILL NOT BE VALID** UNTIL THIS PHOTOGRAPH IS ATTACHED.
6. MAKE CHECKS OR MONEY ORDERS PAYABLE TO: DIRECTOR OF REVENUE FOR STATE BOARD OF COSMETOLOGY.
7. RETURN COMPLETED APPLICATION AND FEE TO:
STATE BOARD OF COSMETOLOGY
BOX 1062, JEFFERSON CITY, MISSOURI 65102

PART A - COMPLETED BY OPERATOR/INSTR. LICENSE APPLICANT

APPLICATION FOR OPERATOR/INSTR. LICENSE TO PRACTICE (CHECK ONE)

- CLASS CA - HAIRDRESSING AND MANICURING
- CLASS CH - HAIRDRESSING
- CLASS MO - MANICURIST
- CLASS E - ESTHETICIAN

PART B - APPLICANT PERSONAL DATA

APPLICANT'S NAME (FIRST, MIDDLE, MAIDEN, MARRIED)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

TELEPHONE NUMBER

PART C - LICENSE INFORMATION

LICENSE NUMBER

DATE LAST LICENSE

NAME AS APPEARS ON LAST LICENSE

PART D - PRESENT ADDRESS

STREET/ROUTE/BOX NO.

CITY

STATE

ZIP CODE

PART E - FORMER ADDRESS

STREET/ROUTE/BOX NO.

CITY

STATE

ZIP CODE

I DECLARE THAT ALL OF THE INFORMATION CONTAINED HEREIN ABOVE IS TRUE, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF

APPLICANT'S SIGNATURE

DATE



MISSOURI STATE BOARD
OF COSMETOLOGY
OPERATOR REINSTATEMENT BY EXAMINATION

INSTRUCTIONS

1. Practical examination is required when license has been inactive for a period longer than two years.
2. Please complete this application and sign it at the bottom.
3. Notification of special needs as addressed by the Americans with Disabilities Act should be forwarded to the State Board of Cosmetology, P.O. Box 1062, Jefferson City, MO 65102, or by calling 314-751-1052 in order to ensure availability of accommodations. The text telephone number for the hearing impaired is 800-735-2966.
4. Enclose a reinstatement fee of \$60.00 in the form of money order or cashier's check made payable to: Director of Revenue for the State Board of Cosmetology.

Return completed application, pictures and fee to:

Missouri State Board of Cosmetology
P.O. Box 1062
Jefferson City, Missouri 65102

A notice of examination will be issued after we have received the completed application and fee.

NOTE: All licenses are issued for a two-year license period and expire September 30 of each odd-numbered year. A recent photograph (taken within the last five years) must be attached to your new license as soon as it is received. The license will not be valid until this photograph is attached.

AN APPLICATION FOR REINSTATEMENT BY EXAMINATION FOR OPERATOR'S LICENSE TO PRACTICE: (CHECK ONE)

CLASS CA - HAIRDRESSING & MANICURING CLASS CH - HAIRDRESSING CLASS MO - MANICURIST CLASS E - ESTHETICIAN

| | | | |
|---------------|--|------------------------|----|
| LICENSE NO. ▶ | | DATE OF LAST LICENSE ▶ | 19 |
|---------------|--|------------------------|----|

APPLICANT DATA

NAME (FIRST, MIDDLE, MAIDEN, MARRIED)

ADDRESS (STREET/ROUTE, BOX NO., CITY)

| | | |
|-------|-----|-----------|
| STATE | ZIP | TELEPHONE |
|-------|-----|-----------|

| | | | |
|-----------------|--|-----------------------|--|
| DATE OF BIRTH ▶ | | SOCIAL SECURITY NO. ▶ | |
|-----------------|--|-----------------------|--|

NAME AS APPEARS ON LAST LICENSE

FORMER ADDRESS

I declare that the above information is true and correct to the best of my knowledge and belief.

| | |
|-----------------------|------|
| APPLICANT SIGNATURE ▶ | DATE |
|-----------------------|------|

MO 419-1360 (8-95)



STATE OF MISSOURI
STATE BOARD OF COSMETOLOGY
APPLICATION FOR DUPLICATE LICENSE

P.O. BOX 1062
JEFFERSON CITY, MO 65102
(314) 751-1052

INSTRUCTIONS **TYPE OR PRINT**

This form is to be completed by all license holders requesting a duplicate license.

CHECK APPROPRIATE BOX:

- NO FEE DUPLICATE:** I certify that my original license has been destroyed, lost, mutilated beyond practical usage, or was never received, and is not in my possession. (I further understand that if at any time the original license should come into my possession, I will return the duplicate license to the Missouri State Board of Cosmetology.)
- \$5.00 DUPLICATE:** I have in my possession my original license (and wallet card, if applicable) and wish to make a change to my license. I am submitting to the Board my original license (and wallet card, if applicable) along with this completed application indicating the change (s) and \$5.00 money order.

LICENSE TYPE

CHECK APPROPRIATE BOX:

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> COSMETOLOGY, HAIRDRESSING AND MANICURING | <input type="checkbox"/> INSTRUCTOR | <input type="checkbox"/> INSTRUCTOR TRAINEE |
| <input type="checkbox"/> COSMETOLOGY AND HAIRDRESSING | <input type="checkbox"/> STUDENT | |
| <input type="checkbox"/> MANICURING | <input type="checkbox"/> APPRENTICE | |

LICENSEE INFORMATION

LICENSEE NAME (FIRST, MIDDLE, MAIDEN, MARRIED)

| | | | |
|----------------|---------------|------------------------|------------------|
| LICENSE NUMBER | DATE OF BIRTH | SOCIAL SECURITY NUMBER | TELEPHONE NUMBER |
|----------------|---------------|------------------------|------------------|

PRESENT ADDRESS
NUMBER AND STREET, ROUTE, BOX NUMBER, CITY, STATE, ZIP CODE.

FORMER ADDRESS
NUMBER AND STREET, ROUTE, BOX NUMBER, CITY, STATE, ZIP CODE.

| | | |
|---|--------------------|------|
| MUST BE SIGNED IN PRESENCE OF NOTARY | LICENSEE SIGNATURE | DATE |
| | | |

NOTARY INFORMATION

| | | |
|--|---|-------------------------------|
| NOTARY PUBLIC EMBOSSE OR BLACK RUBBER STAMP SEAL | STATE | COUNTY (OR CITY OF ST. LOUIS) |
| | SUBSCRIBED AND SWORN BEFORE ME, THIS | |
| | DAY OF | 19 |
| | USE RUBBER STAMP IN CLEAR AREA BELOW | |
| | NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES |
| | NOTARY PUBLIC NAME (TYPED OR PRINTED) | |



MISSOURI STATE BOARD OF COSMETOLOGY
APPLICATION FOR EXAMINATION AS
REGISTERED MANICURIST

TELEPHONE (573-751-1052)

| INSTRUCTIONS | | | | | | | | | | PLEASE TYPE OR PRINT LEGIBLY | | | | | | | | | | | | | |
|---|--|-----------|-------------------------|------|-------------------|---------------------------------|-------|--------------------------------------|--|---|--|-----------------------|-------|----------------------------|--------|--|----------|--|--|----|--|--|--|
| 1. THE FEE FOR FILING AN APPLICATION IS \$25.00 AND MUST ACCOMPANY THE APPLICATION. REMITTANCE MUST BE BY CASHIER'S CHECK OR MONEY ORDER, PAYABLE TO DIRECTOR OF REVENUE FOR STATE BOARD OF COSMETOLOGY. 2. STUDENT OR APPRENTICE LICENSE AND A CERTIFICATION OF PAYMENT OF CONTRACTUAL FEES (STUDENTS ONLY) MUST ACCOMPANY THIS APPLICATION OR IT WILL NOT BE PROCESSED. 3. NOTIFICATION OF SPECIAL NEEDS AS ADDRESSED BY THE AMERICANS WITH DISABILITIES ACT SHOULD BE FORWARDED TO THE STATE BOARD OF COSMETOLOGY, P.O. BOX 1062, JEFFERSON CITY, MO 65102, OR BY CALLING 573-751-1052 IN ORDER TO ENSURE AVAILABILITY OF ACCOMMODATIONS. THE TEXT TELEPHONE NUMBER FOR THE HEARING IMPAIRED IS 800-735-2966. 4. MAIL COMPLETED APPLICATION AND LICENSE TO: MISSOURI STATE BOARD OF COSMETOLOGY, P.O. BOX 1062, JEFFERSON CITY, MO 65102. | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICANT PERSONAL DATA | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS. | | FULL NAME | | | | | FIRST | | | MIDDLE | | | LAST | | | STUDENT NUMBER | | | | | | | |
| PERMANENT ADDRESS | | | | | STREET AND NUMBER | | | | | CITY | | | STATE | | COUNTY | | ZIP CODE | | | | | | |
| TELEPHONE NUMBER | | | | | | DATE OF BIRTH | | | | | | AGE | | SOCIAL SECURITY NO. | | | | | | | | | |
| () | | | | | | MONTH | | DAY | | YEAR | | | | | | | | | | | | | |
| FORMAL EDUCATION | | | | | | | | | | | | | | | | | | | | | | | |
| EDUCATION | | | | | | | | | | NAME OF SCHOOL WHERE LAST GRADE COMPLETED | | | | | | | | | | | | | |
| CIRCLE LAST GRADE COMPLETED | | | | | | | | | | | | | | | | | | | | | | | |
| 8 9 10 11 12 GED | | | | | | | | | | | | | | | | | | | | | | | |
| SCHOOL ADDRESS | | | | | STREET AND NUMBER | | | | | CITY | | | STATE | | COUNTY | | ZIP CODE | | | | | | |
| COSMETOLOGY EDUCATION | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE | | NAME | | | | | | | | | | | | SCHOOL/SHOP LICENSE NUMBER | | | | | | | | | |
| <input type="checkbox"/> SCHOOL | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SHOP | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION | | | | | STREET AND NUMBER | | | | | CITY | | | STATE | | COUNTY | | ZIP CODE | | | | | | |
| DATE ENROLLED | | | DATE COMPLETED TRAINING | | | TOTAL NUMBER OF HOURS COMPLETED | | | | | | | | | | | | | | | | | |
| MONTH | | DAY | | YEAR | | MONTH | | DAY | | YEAR | | | | | | | | | | | | | |
| STUDENT AFFIDAVIT | | | | | | | | | | | | | | | | | | | | | | | |
| THE ABOVE NAMED APPLICANT, BEING DULY SWORN, SAYS THAT SHE/HE IS THE PERSON REFERRED TO IN THIS APPLICATION AND THAT THE STATEMENTS THEREIN CONTAINED ARE TRUE IN EVERY RESPECT. | | | | | | | | | | | | | | | | | | | | | | | |
| MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC | | | | | | | | | | | | APPLICANT SIGNATURE | | | | | | | | | | | |
| NOTARY PUBLIC EMBOSSEER SEAL | | | | | | | | STATE OF MISSOURI | | | | | | | | COUNTY (OR CITY OF ST. LOUIS) | | | | | | | |
| | | | | | | | | SUBSCRIBED AND SWORN BEFORE ME, THIS | | | | | | | | USE RUBBER STAMP IN CLEAR AREA BELOW. | | | | | | | |
| | | | | | | | | DAY OF | | | | | | | | | | | | 19 | | | |
| | | | | | | | | NOTARY PUBLIC SIGNATURE | | | | MY COMMISSION EXPIRES | | | | | | | | | | | |
| NOTARY PUBLIC NAME (TYPED OR PRINTED) | | | | | | | | | | | | | | | | | | | | | | | |

MO 419-2131 (6-96)



COSMETOLOGY TRAINING AFFIDAVIT

PERJURY

1. SECTIONS 6 AND 15 OF THE LAW PROVIDE THAT ANY PERSON WHO WILLFULLY MAKES FALSE STATEMENT UNDER OATH, OR ANY PERSON WHO ENCOURAGES OTHER PERSONS TO SWEAR FALSELY, IS SUBJECT TO FINE AND IMPRISONMENT AND REVOCATION OF LICENSE.

2. BOTH APPLICANT AND SCHOOL/SHOP OWNER SHOULD BE SURE THAT THE FOLLOWING IS TRUE AND CORRECT.

TO BE COMPLETED BY SCHOOL/SHOP WHERE TRAINING WAS RECEIVED

NAME OF APPLICANT

NAME OF SCHOOL/SHOP

| ENROLLMENT DATE | | | TOTAL TRAINING TIME | | COMPLETION DATE | | | TOTAL HOURS COMPLETED |
|-----------------|-----|------|---------------------|------|-----------------|-----|------|-----------------------|
| MONTH | DAY | YEAR | MONTHS | DAYS | MONTH | DAY | YEAR | |
| | | | | | | | | |

TRAINING INFORMATION

LIST BELOW THE TOTAL ACCUMULATED HOURS FOR THE ABOVE-NAMED APPLICANT IN EACH OF THE SUBJECT AREAS.

| SUBJECT | TOTAL HOURS | SUBJECT | TOTAL HOURS |
|--|-------------|---|-------------|
| MANICURING, HAND & ARM MASSAGE, TREATMENT OF NAILS | | ANATOMY | |
| SALESMANSHIP AND SHOP MANAGEMENT | | STATE LAW | |
| SANITATION AND STERILIZATION | | STUDY OF THE USE AND APPLICATION OF CERTAIN CHEMICALS | |
| | | MISCELLANEOUS LECTURES AND TEST REVIEW | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | TOTAL OF SUBJECT HOURS | |

SCHOOL/SHOP CERTIFICATION

| | | | |
|---|-----|---|------------------|
| STATE OF _____ COUNTY OF _____ MY COMMISSION EXPIRES ON _____ | ss. | SCHOOL/SHOP NAME | |
| | | OWNER/MANAGER | TITLE |
| | | BEFORE ME PERSONALLY APPEARED (OWNER/MANAGER) | |
| | | OF THE ABOVE-NAMED SCHOOL OR SHOP AND MADE OATH AND SAID THAT THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF HOURS SPENT BY | |
| | | IN THE ABOVE-NAMED SCHOOL OR SHOP. SWORN AND SUBSCRIBED TO THIS _____ DAY OF _____ AD, 19 _____ | NOTARY SIGNATURE |

MO 419-2131 (6-96)



MISSOURI STATE BOARD OF COSMETOLOGY
**APPLICATION FOR EXAMINATION AS
 REGISTERED COSMETOLOGIST**

TELEPHONE (573-751-1052)

INSTRUCTIONS **PLEASE TYPE OR PRINT LEGIBLY**

1. THE FEE FOR FILING AN APPLICATION IS \$25.00 AND MUST ACCOMPANY THE APPLICATION. REMITTANCE MUST BE BY CASHIER'S CHECK OR MONEY ORDER, PAYABLE TO DIRECTOR OF REVENUE FOR STATE BOARD OF COSMETOLOGY.
2. STUDENT OR APPRENTICE LICENSE AND A CERTIFICATION OF PAYMENT OF CONTRACTUAL FEES (STUDENTS ONLY) MUST ACCOMPANY THIS APPLICATION OR IT WILL NOT BE PROCESSED.
3. NOTIFICATION OF SPECIAL NEEDS AS ADDRESSED BY THE AMERICANS WITH DISABILITIES ACT SHOULD BE FORWARDED TO THE STATE BOARD OF COSMETOLOGY, P.O. BOX 1062, JEFFERSON CITY, MO 65102, OR BY CALLING 573-751-1052 IN ORDER TO ENSURE AVAILABILITY OF ACCOMMODATIONS. THE TEXT TELEPHONE NUMBER FOR THE HEARING IMPAIRED IS 800-735-2966.
4. MAIL COMPLETED APPLICATION AND LICENSE TO: MISSOURI STATE BOARD OF COSMETOLOGY, P.O. BOX 1062, JEFFERSON CITY, MO 65102.

APPLICANT PERSONAL DATA

I HEREBY MAKE APPLICATION FOR LICENSE BY EXAMINATION TO PRACTICE: CLASS CA - HAIRDRESSING & MANICURING STUDENT NUMBER
 CLASS CH - HAIRDRESSING

MR. MS. MRS. FULL NAME FIRST MIDDLE LAST

PERMANENT ADDRESS STREET AND NUMBER CITY STATE COUNTY ZIP CODE

TELEPHONE NUMBER DATE OF BIRTH AGE SOCIAL SECURITY NO.
 () MONTH DAY YEAR

FORMAL EDUCATION

EDUCATION CIRCLE LAST GRADE COMPLETED NAME OF SCHOOL WHERE LAST GRADE COMPLETED
 8 9 10 11 12 GED

SCHOOL ADDRESS STREET AND NUMBER CITY STATE COUNTY ZIP CODE

COSMETOLOGY EDUCATION

TYPE NAME SCHOOL/SHOP LICENSE NUMBER
 SCHOOL SHOP

LOCATION STREET AND NUMBER CITY STATE COUNTY ZIP CODE

DATE ENROLLED DATE COMPLETED TRAINING TOTAL NUMBER OF HOURS COMPLETED
 MONTH DAY YEAR MONTH DAY YEAR

STUDENT AFFIDAVIT

THE ABOVE NAMED APPLICANT, BEING DULY SWORN, SAYS THAT SHE/HE IS THE PERSON REFERRED TO IN THIS APPLICATION AND THAT THE STATEMENTS THEREIN CONTAINED ARE TRUE IN EVERY RESPECT.

MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC APPLICANT SIGNATURE

NOTARY PUBLIC EMBOSSER SEAL **STATE OF MISSOURI** COUNTY (OR CITY OF ST. LOUIS)
 SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 19
 NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES **USE RUBBER STAMP IN CLEAR AREA BELOW.**
 NOTARY PUBLIC NAME (TYPED OR PRINTED)

MO 419-0855 (6-96)



COSMETOLOGY TRAINING AFFIDAVIT

PERJURY

1. SECTIONS 6 AND 15 OF THE LAW PROVIDE THAT ANY PERSON WHO WILLFULLY MAKES FALSE STATEMENT UNDER OATH, OR ANY PERSON WHO ENCOURAGES OTHER PERSONS TO SWEAR FALSELY, IS SUBJECT TO FINE AND IMPRISONMENT AND REVOCATION OF LICENSE.

2. BOTH APPLICANT AND SCHOOL/SHOP OWNER SHOULD BE SURE THAT THE FOLLOWING IS TRUE AND CORRECT.

TO BE COMPLETED BY SCHOOL/SHOP WHERE TRAINING WAS RECEIVED

NAME OF APPLICANT

NAME OF SCHOOL/SHOP

| ENROLLMENT DATE | | | TOTAL TRAINING TIME | | COMPLETION DATE | | | TOTAL HOURS COMPLETED |
|-----------------|-----|------|---------------------|------|-----------------|-----|------|-----------------------|
| MONTH | DAY | YEAR | MONTHS | DAYS | MONTH | DAY | YEAR | |
| | | | | | | | | |

TRAINING INFORMATION

LIST BELOW THE TOTAL ACCUMULATED HOURS FOR THE ABOVE-NAMED APPLICANT IN EACH OF THE SUBJECT AREAS.

| SUBJECT | TOTAL HOURS | SUBJECT | TOTAL HOURS |
|--|-------------|--|-------------|
| SHAMPOOING OF ALL KINDS | | MANICURING, HAND AND ARM MASSAGE, TREATMENT OF NAILS | |
| HAIR COLORING, BLEACHES AND RINSES | | COSMETIC CHEMISTRY | |
| HAIR CUTTING AND SHAPING | | SALESMANSHIP AND SHOP MANAGEMENT | |
| PERMANENT WAVING AND RELAXING | | SANITATION AND STERILIZATION | |
| HAIRSETTING, PIN CURLS, FINGERWAVES, THERMAL CURLING | | ANATOMY | |
| COMBOUTS AND HAIR STYLING TECHNIQUES | | STATE LAW | |
| SCALP TREATMENTS AND SCALP DISEASES | | MISCELLANEOUS LECTURES AND TEST REVIEW | |
| FACIALS, EYEBROWS AND ARCHES | | | |
| | | TOTAL OF SUBJECT HOURS | |

SCHOOL/SHOP CERTIFICATION

| | | |
|---|---|-------|
| STATE OF _____ COUNTY OF _____ MY COMMISSION EXPIRES ON _____ | SCHOOL/SHOP NAME | |
| | OWNER/MANAGER | TITLE |
| | BEFORE ME PERSONALLY APPEARED (OWNER/MANAGER) | |
| | OF THE ABOVE-NAMED SCHOOL OR SHOP AND MADE OATH AND SAID THAT THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF HOURS SPENT BY | |
| | IN THE ABOVE-NAMED SCHOOL OR SHOP. SWORN AND SUBSCRIBED TO THIS _____ DAY OF _____ AD, 19 _____ | |
| | NOTARY SIGNATURE | |

MO 419-0855 (6-96)



STATE OF MISSOURI
STATE BOARD OF COSMETOLOGY
APPLICATION FOR RE-EXAMINATION

P.O. BOX 1062
JEFFERSON CITY, MISSOURI 65102
TELEPHONE (573) 751-1052

| | |
|----------------------------------|--|
| RE-EXAMINATION OF (CHECK ONE) | |
| <input type="checkbox"/> STUDENT | <input type="checkbox"/> REINSTATEMENT |

INSTRUCTIONS

1. This form should be completed by all those requesting to be re-examined.
2. Indicate if you are a student or reinstatement in the upper right corner box, and complete the information below.
3. A \$25.00 examination fee must be enclosed in the form of a money order or check made payable to: Director of Revenue for State Board of Cosmetology.
4. Student applicants must also submit their student permit which will not be returned.
5. Notification of special needs as addressed by the Americans with Disabilities Act should be forwarded to the State Board of Cosmetology, P.O. Box 1062, Jefferson City, MO 65102, or by calling 573-751-1052 in order to ensure availability of accommodations. The text telephone number for the hearing impaired is 800-735-2966.
6. Return the completed application, \$25.00 examination fee and student permit (if applicable) to the State Board of Cosmetology, P.O. Box 1062, Jefferson City, MO 65102.

| | | | |
|--|--|--|------------------|
| STUDENT PERMIT NUMBER/OPERATOR LICENSE NUMBER | | SOCIAL SECURITY NUMBER (FOR IDENTIFICATION PURPOSE ONLY) | |
| APPLICANT NAME (LAST, FIRST, MIDDLE, MAIDEN) | | | TELEPHONE NUMBER |
| ADDRESS (STREET/ROUTE/BOX NO., CITY, STATE, ZIP) | | | |
| | | | |
| | | | |

STUDENT ONLY

| | |
|--|------|
| <input type="checkbox"/> WRITTEN AND PRACTICAL <input type="checkbox"/> WRITTEN ONLY <input type="checkbox"/> PRACTICAL ONLY | |
| APPLICANT SIGNATURE | DATE |

FOR OFFICE USE ONLY

| |
|--|
| |
|--|

MO 419-0753 (6-96)



STATE OF MISSOURI
STATE BOARD OF COSMETOLOGY
APPLICATION FOR INSTRUCTOR EXAMINATION

INSTRUCTIONS

1. Applicants must complete Sections A, B, C, and E and the reverse side.
2. Application must be signed in presence of notary public and notarized.
3. Please include a \$25.00 examination fee. Make checks or money orders payable to Director of Revenue - State Board of Cosmetology. (Fees not refundable.)
4. Notification of special needs as addressed by the Americans with Disabilities Act should be forwarded to the State Board of Cosmetology, P.O. Box 1062, Jefferson City, MO 65102, or by calling 573-751-1052 in order to ensure availability of accommodations. The text telephone number for the hearing impaired is 800-735-2966.
5. Return this completed application, fee, certification of payment and your instructor trainee license to:

MISSOURI STATE BOARD OF COSMETOLOGY, P.O. BOX 1062, JEFFERSON CITY, MISSOURI 65102

A. APPLICANT PERSONAL DATA

| | | |
|-------------------|------------------------|-------------------------------|
| FULL NAME | | INSTRUCTOR TRAINEE PERMIT NO. |
| PERMANENT ADDRESS | | |
| DATE OF BIRTH | SOCIAL SECURITY NUMBER | TELEPHONE NUMBER |

B. COSMETOLOGY TRAINING

| | | | | | | | |
|-------------|---------------------|-----|------|-------|-----|------|-------------|
| SCHOOL NAME | DATES OF ATTENDANCE | | | | | | TOTAL HOURS |
| | FROM | | | TO | | | |
| | MONTH | DAY | YEAR | MONTH | DAY | YEAR | |
| LOCATION | | | | | | | |

C. INSTRUCTOR TRAINING

| | | | | | | | |
|----------------|---------------------|-----|------|-------|-----|------|-------------|
| NAME OF SCHOOL | DATES OF ATTENDANCE | | | | | | TOTAL HOURS |
| | FROM | | | TO | | | |
| | MONTH | DAY | YEAR | MONTH | DAY | YEAR | |
| LOCATION | | | | | | | |

D. PERJURY

Sections 6 and 15 of the law provide that any person who willfully makes a false statement under oath, or any person who encourages other persons to swear falsely, is subject to fine and imprisonment and revocation of license. Application should be sure that the following is true and correct.

E. INSTRUCTOR TRAINING AFFIDAVIT

| | |
|--|---|
| APPLICANT NAME (PRINT OR TYPE) | BEING DULY SWORN, SAYS THAT HE/SHE IS THE PERSON REFERRED TO IN THIS APPLICATION AND THAT THE STATEMENTS THEREIN CONTAINED ARE TRUE IN EVERY RESPECT. |
| SIGNATURE MUST BE IN PRESENCE OF NOTARY ▶ | APPLICANT SIGNATURE |

| | | | |
|---------------------------------------|--------------------------------------|-----------------------|--|
| NOTARY PUBLIC EMBOSSEER SEAL | STATE OF MISSOURI | | COUNTY (OR CITY OF ST. LOUIS) |
| | SUBSCRIBED AND SWORN BEFORE ME, THIS | | |
| | DAY OF | | 19 |
| | NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES | USE RUBBER STAMP IN CLEAR AREA BELOW. |
| NOTARY PUBLIC NAME (TYPED OR PRINTED) | | | |



| INSTRUCTOR TRAINING AFFIDAVIT | | | | | | |
|---|-----|------|-------|-----------------------|--------|------|
| APPLICANT FULL NAME | | | | | | |
| NAME OF SCHOOL ATTENDED | | | | | | |
| SCHOOL ADDRESS (STREET, CITY, STATE, ZIP) | | | | | | |
| DATES OF ATTENDANCE | | | | TOTAL NUMBER ATTENDED | | |
| FROM | | TO | | | MONTHS | DAYS |
| MONTH | DAY | YEAR | MONTH | DAY | | |
| THIS IS TO CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT AND THAT THE ABOVE-NAMED APPLICANT WAS IN REGULAR ATTENDANCE DURING THE PERIOD LISTED. THE APPLICANT HAS SUCCESSFULLY COMPLETED A COURSE CONSISTING OF _____ HOURS AS FOLLOWS: | | | | | | |
| SUBJECT | | | | | HOURS | |
| Basic principles of student teaching as applied to cosmetology, to include teaching principles, lesson planning, curriculum planning, and class outlines. | | | | | | |
| Psychology as applied to cosmetology: personality in teaching, teacher evaluation, counseling, laws of learning, speech. | | | | | | |
| Business experience or management: classroom management, record keeping, buying and inventorying supplies, state law. | | | | | | |
| Practice teaching in both theory and practical. | | | | | | |

| |
|---|
| BY (SIGNATURE) |
| TITLE (SCHOOL OWNER) |
| SCHOOL SEAL |
| PLEASE INCLUDE THE \$25.00 EXAMINATION FEE AS WELL AS YOUR INSTRUCTOR TRAINEE LICENSE. |

MO 419-0755 (6-96)



4 CSR 90-13.060 Requirement of Identification

PURPOSE: This rule explains the requirement that all licensees must have on their person a form of state identification while providing any cosmetology service.

(1) All licensees must possess or obtain one (1) of two (2) forms of state identification. The first acceptable form of identification is an automobile driver's license from any state. The second acceptable form of identification is a Missouri state identification card. Missouri state identification cards may be obtained at any revenue office throughout the state.

(2) All licensees must carry one (1) of these forms of identification with them at all times when providing any professional cosmetology services. Licensees must immediately produce one (1) of these forms of identification upon demand to any board inspector, to the board or its representative.

AUTHORITY: section 329.230, RSMo 1994.
Original rule filed June 8, 1999, effective Dec. 30, 1999.*

**Original authority: 329.230 RSMo 1945, amended 1981.*