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

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 CSR 90-13.010 Fees .......................................................................</td>
<td>3</td>
</tr>
<tr>
<td>4 CSR 90-13.020 Reinstatement of Expired License ............................</td>
<td>3</td>
</tr>
<tr>
<td>4 CSR 90-13.030 Certification of Licensure, Training Hours, Exam Scores, or any Combination of These</td>
<td>4</td>
</tr>
<tr>
<td>4 CSR 90-13.040 Duplicate License..................................................</td>
<td>4</td>
</tr>
<tr>
<td>4 CSR 90-13.050 Renewal, Inactive Status, and Reactivation Requirements for Cosmetologists and Instructors</td>
<td>4</td>
</tr>
<tr>
<td>4 CSR 90-13.060 Requirement of Identification ....................................</td>
<td>16</td>
</tr>
</tbody>
</table>
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 $ 30.00
- (D) Late Fee $ 30.00
- (E) Instructor License/Renewal Fee $ 18.00
- (F) Instructor Reciprocity Fee $ 38.00
- (G) Operator Reinstatement Fee $ 60.00
- (H) Student/Instructor Trainee Enrollment Fee $ 5.00
- (I) Apprentice Enrollment Fee $ 15.00
- (J) Apprentice Supervisor Application Fee $ 75.00
- (K) Certification/Affidavit of Licensure, Training Hours, Examination Scores Fee $ 10.00
- (L) School License/Renewal Fee $370.00
- (M) Salon License/Renewal Fee (up to and including three (3) operators) $ 30.00
- (N) Additional Operator Fee $ 10.00
- (O) Certificate of Identification Fee $ 30.00
- (P) Delinquent Fee (opening a shop without registering before opening) $100.00
- (Q) Photocopies/Printouts Fee (initial page/copy) $ 2.00
- (R) Photocopies/Printouts Fee (per page/copy after that) $ .50
- (S) Document Search Fee (per hour) $ 20.00
- (T) Handling Fee (Any uncollectible check or other uncollectible financial instrument) $ 15.00
- (U) *Esthetician Application Fee $ 30.00.

(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.


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.*

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.*

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.*

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 restate.

(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.

   (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) 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.


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 pays 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

<table>
<thead>
<tr>
<th>OPERATOR LICENSE NUMBER</th>
<th>DATE OF LAST LICENSE</th>
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<tbody>
<tr>
<td>INSTRUCTOR LICENSE NUMBER (IF APPLICABLE)</td>
<td>DATE OF LAST LICENSE</td>
</tr>
<tr>
<td>NAME (FIRST, MIDDLE, MAIDEN, MARRIED)</td>
<td>TELEPHONE NUMBER</td>
</tr>
<tr>
<td>ADDRESS (STREET/ROUTE, BOX NO., CITY, STATE, ZIP CODE)</td>
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</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>SOCIAL SECURITY NUMBER</td>
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**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.
## INSTRUCTIONS

**OPERATORS**
1. COMPLETE ALL PARTS BELOW.
2. ENCLOSURE REINSTATEMENT FEE OF $50.00.
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. ENCLOSURE 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

<table>
<thead>
<tr>
<th>APPLICANT'S NAME (FIRST, MIDDLE, MAIDEN, MARRIED)</th>
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<tbody>
<tr>
<td>DATE OF BIRTH</td>
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</table>

### PART C - LICENSE INFORMATION

| LICENSE NUMBER | DATE LAST LICENSE | NAME AS APPEARS ON LAST LICENSE |

### PART D - PRESENT ADDRESS

<table>
<thead>
<tr>
<th>STREET/ROUTE/BOX NO.</th>
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<tr>
<td>CITY</td>
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### PART E - FORMER ADDRESS

<table>
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<tr>
<th>STREET/ROUTE/BOX NO.</th>
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<tr>
<td>CITY</td>
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</table>

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

SECRETARY OF STATE
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 $50.00 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

<table>
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<th>LICENSE NO.</th>
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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)
APPLICATION FOR DUPLICATE LICENSE

INSTRUCTIONS

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:

☐ COSMETOLOGY, HAIRDRESSING AND MANICURING

☐ COSMETOLOGY AND HAIRDRESSING

☐ MANICURING

☐ INSTRUCTOR

☐ STUDENT

☐ 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 EMBOSSEOR OR BLACK RUBBER STAMP SEAL

STATE | COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF 19

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

MO 415-0749 (1-95)
MISSOURI STATE BOARD OF COSMETOLOGY
APPLICATION FOR EXAMINATION AS
REGISTERED MANICURIST

TELEPHONE (573-751-1052)

INSTRUCTIONS: COMPLETE ALL APPROPRIATE PORTIONS OF THE APPLICATION. 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.

APPLICATION PERSONAL DATA

☐ MR. ☐ MS. ☐ 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

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

☐ SCHOOL ☐ SHOP

NAME SCHOOL/SHOP LICENSE NUMBER

LOCATION STREET AND NUMBER CITY STATE COUNTY ZIP CODE

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

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 EMISSARY 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

NOTARY PUBLIC NAME (TYPED OR PRINTED)

USE RUBBER STAMP IN CLEAR AREA BELOW.

Rebecca McDowell Cook (11/30/99) CODE OF STATE REGULATIONS 9
# 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

<table>
<thead>
<tr>
<th>NAME OF APPLICANT</th>
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<table>
<thead>
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<th>NAME OF SCHOOL/SHOP</th>
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<tr>
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<th>TOTAL TRAINING TIME</th>
<th>COMPLETION DATE</th>
<th>TOTAL HOURS COMPLETED</th>
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<tr>
<td>MONTH DAY YEAR</td>
<td>MONTHS DAYS MONTH DAY YEAR</td>
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## TRAINING INFORMATION

List below the total accumulated hours for the above-named applicant in each of the subject areas.

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<tr>
<th>SUBJECT</th>
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<tr>
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<td>ANATOMY</td>
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<td>SALESMASTERSHIP AND SHOP MANAGEMENT</td>
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<td>STATE LAW</td>
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<td>SANITATION AND STERILIZATION</td>
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<td>STUDY OF THE USE AND APPLICATION OF CERTAIN CHEMICALS</td>
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<tr>
<td></td>
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<td>MISCELLANEOUS LECTURES AND TEST REVIEW</td>
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## SCHOOL/SHOP CERTIFICATION

<table>
<thead>
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<th>STATE OF</th>
<th>COUNTY OF</th>
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<tr>
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<table>
<thead>
<tr>
<th>SCHOOL/SHOP NAME</th>
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<table>
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<th>OWNER/MANAGER</th>
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<tr>
<th>BEFORE ME PERSONALLY APPEARED (OWNER/MANAGER)</th>
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<tr>
<th>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</th>
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<tr>
<th>IN THE ABOVE-NAMED SCHOOL OR SHOP SWORN AND SUBSCRIBED TO THIS</th>
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<table>
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<tr>
<th>DAY OF</th>
<th>AD. 19</th>
</tr>
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<table>
<thead>
<tr>
<th>NOTARY SIGNATURE</th>
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<tr>
<th>MY COMMISSION EXPIRES ON</th>
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<tr>
<th>MO 419-2131 (6-90)</th>
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</thead>
</table>
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 FORWARD TO THE STATE BOARD OF COSMETOLOGY, P.O. BOX 1062, JEFFERSON CITY, MO 65102, OR BY CALLING 573-751-1062 IN ORDER TO ENSURE AVAILABILITY OF ACCOMMODATIONS. THE TEXT TELEPHONE NUMBER FOR THE HEARING IMPAIRED IS 800-735-2005.
4. MAIL COMPLETED APPLICATION AND LICENSE TO: MISSOURI STATE BOARD OF COSMETOLOGY, P.O. BOX 1062, JEFFERSON CITY, MO 65102.

APPLICANT/PERSOAL DATA

I HEREBY MAKE APPLICATION FOR LICENSE BY EXAMINATION TO PRACTICE:

☐ CLASS CA - HAIRDRESSING & MANICURING
☐ CLASS CH - HAIRDRESSING

STUDENT NUMBER

☐ MR.
☐ MS.
☐ MRS.

FULL NAME
FIRST
MIDDLE
LAST

PERMANENT ADDRESS
STREET AND NUMBER
CITY
STATE
COUNTY
ZIP CODE

TELEPHONE NUMBER

DATE OF BIRTH

MONTH
DAY
YEAR

SOCIAL SECURITY NO.

FORMAL EDUCATION

EDUCATION

CIRCLE LAST GRADE COMPLETED

8  9  10  11  12  GED

NAME OF SCHOOL WHERE LAST GRADE COMPLETED

SCHOOL ADDRESS

STREET AND NUMBER
CITY
STATE
COUNTY
ZIP CODE

COSMETOLOGY EDUCATION

TYPE

☐ SCHOOL
☐ SHOP

NAME

SCHOOL/SHOP LICENSE NUMBER

LOCATION

STREET AND NUMBER
CITY
STATE
COUNTY
ZIP CODE

DATE ENROLLED

MONTH
DAY
YEAR

DATE COMPLETED TRAINING

MONTH
DAY
YEAR

TOTAL NUMBER OF HOURS COMPLETED

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

STATE OF MISSOURI

NOTARY PUBLIC EMBOSSE SEAL

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 19

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

USE RUBBER STAMP IN CLEAR AREA BELOW.

MO 419-0055 (9-96)
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

<table>
<thead>
<tr>
<th>ENROLLMENT DATE</th>
<th>TOTAL TRAINING TIME</th>
<th>COMPLETION DATE</th>
<th>TOTAL HOURS COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTH</td>
<td>DAY</td>
<td>YEAR</td>
<td>MONTH</td>
</tr>
<tr>
<td>MONTH</td>
<td>DAY</td>
<td></td>
<td>MONTH</td>
</tr>
</tbody>
</table>

TRAINING INFORMATION

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

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

SCHOOL/SHOP CERTIFICATION

STATE OF ________________________ S.S. 
COUNTY OF ________________________ 

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 AO, 19

MY COMMISSION EXPIRES ON

MO 419-0855 (8-96)
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.

<table>
<thead>
<tr>
<th>STUDENT PERMIT NUMBER/OPERATOR LICENSE NUMBER</th>
<th>SOCIAL SECURITY NUMBER (FOR IDENTIFICATION PURPOSE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLICANT NAME (LAST, FIRST, MIDDLE, MAIDEN)</td>
<td>TELEPHONE NUMBER</td>
</tr>
<tr>
<td>ADDRESS (STREET/ROUTE/BOX NO., CITY, STATE, ZIP)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STUDENT ONLY</th>
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<tbody>
<tr>
<td>□ WRITTEN AND PRACTICAL</td>
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<tr>
<td>□ WRITTEN ONLY</td>
</tr>
<tr>
<td>□ PRACTICAL ONLY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>APPLICANT SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

FOR OFFICE USE ONLY
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 800-752-2966.
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 DULLY SWORN, SAYS THAT HE/SHE IS THE PERSON REFERRED TO IN THIS APPLICATION AND THAT THE STATEMENTS THEREIN CONTAINED ARE TRUE IN EVERY RESPECT.

APPLICANT SIGNATURE

SIGNATURE MUST BE IN PRESENCE OF NOTARY

STATE OF MISSOURI

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

19

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

COMPLETE REVERSE SIDE

MO 419-0756 (6-95)
## INSTRUCTOR TRAINING AFFIDAVIT

### APPLICANT FULL NAME

### NAME OF SCHOOL ATTENDED

### SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)

### DATES OF ATTENDANCE

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
</table>

### TOTAL NUMBER ATTENDED

<table>
<thead>
<tr>
<th>MONTHS</th>
<th>DAYS</th>
</tr>
</thead>
</table>

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:

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic principles of student teaching as applied to cosmetology, to include teaching principles, lesson planning, curriculum planning, and class outlines.</td>
<td></td>
</tr>
<tr>
<td>Psychology as applied to cosmetology: personality in teaching, teacher evaluation, counseling, laws of learning, speech.</td>
<td></td>
</tr>
<tr>
<td>Business experience or management: classroom management, record keeping, buying and inventorying supplies, state law.</td>
<td></td>
</tr>
<tr>
<td>Practice teaching in both theory and practical.</td>
<td></td>
</tr>
</tbody>
</table>

#### BY (SIGNATURE)

#### TITLE (SCHOOL OWNER)

#### SCHOOL SEAL

PLEASE INCLUDE THE $25.00 EXAMINATION FEE AS WELL AS YOUR INSTRUCTOR TRAINEE LICENSE.
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 of two 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 of these forms of identification with them at all times when providing any professional cosmetology services. Licensees must immediately produce one of these forms of identification upon demand to any board inspector, to the board or its representative.
