Rules of
Department of Economic Development
Division 90—State Board of Cosmetology
Chapter 3—Students

<table>
<thead>
<tr>
<th>Title</th>
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<tr>
<td>4 CSR 90-3.010 Students</td>
<td>3</td>
</tr>
</tbody>
</table>
Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 90—State Board of Cosmetology
Chapter 3—Students

4 CSR 90-3.010 Students

PURPOSE: This rule explains qualifications and requirements for cosmetology students.

(1) Registration.
(A) Any person desiring to enroll in a school of cosmetology or any person desiring to enter into an apprenticeship training program, shall contact the school or shop of intended enrollment and obtain an enrollment form supplied by the board. At least two (2) weeks prior to the commencement of any program of instruction, that person shall return the completed enrollment form to the school or shop of intended enrollment and that school or shop, if the student is accepted, shall approve it and submit it to the board. The form shall be accompanied by the proper fee(s) and include the following information:
1. The applicant’s name and address;
2. The name and address of the school or shop of enrollment;
3. Proof of age—birth certificate or driver’s license (applicant must be seventeen (17) years of age by the time application is made for examination);
4. Proof of successful completion of the tenth grade (completion of at least ten (10) high school credits)—diploma, general educational development (GED) certification or official school transcript indicating student’s name, grade level and number of credits completed;
5. Two (2) or more character references;
6. Two (2) bust photographs measuring two inches by two inches (2” x 2”) which have been taken within the last two (2) years;
7. Signature of applicant; and
8. Signature of school owner/representative and school seal.

(B) No person shall be given credit for any training received by a school or shop until a properly completed student enrollment form has been received and approved by the board and the student license is returned to the school or shop. The student license shall expire on the expiration date. The expiration date will be calculated from the scheduled hours of attendance per week plus an additional fifty percent (50%) of the scheduled attendance period. A new application shall be submitted should the student or apprentice wish to continue training beyond the expiration date. (C) Change of Status. For any student/apprentice desiring to make a change to his/her original enrollment application, continued training at the time application is made for examination or continue training beyond the expiration of the student/apprentice license, an application for change of status shall be made to the board on a form supplied by the board. The form shall be accompanied by the student/apprentice license and the enrollment application fee and shall be post-marked no later than three (3) days from the effective date of the change of status. The change of status application shall include an interim certificate which shall be valid for twenty (20) days from the date of application and shall be retained by the school/shop to serve as the training license for the student/apprentice until the amended license is received from the board.

(2) Qualification for State Exam.
(A) Because state law requires a student or apprentice to have completed training requirements in a school or in a shop before s/he will be allowed to take the state examination, no person will be admitted to take a state examination except upon a satisfactory showing that training requirements have been completed.

(B) No training received in a school may be credited towards the fulfillment of the hours necessary in an apprenticeship program and no training received in a beauty shop may be credited towards the hours necessary in a school to meet the minimum requirements necessary to qualify for a state examination.

(C) For the purpose of meeting, the minimum requirements for examination, training completed by a student or apprentice shall be recognized by the board for a period of no more than five (5) years from the date it is received.

(D) In order to be scheduled for examination, a properly completed application on a form supplied by the board must be received in the Jefferson City office along with the examination fee and a certification of payment of contractual fees completed by the school on a form supplied by the board no less 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.

(E) The minimum passing examination scores required for licensure as an operator are—seventy-five percent (75%) for the practical examination and seventy-five percent (75%) for the written examination.

(3) Temporary Permit. An individual operating under a temporary permit shall be under the supervision of a person licensed in cosmetology in the specific classification of the temporary permit. A temporary permit issued to a student apprentice pursuant to section 329.060, RSMo will be terminated if the student or apprentice fails to pass an examination or fails to appear for a scheduled examination administered by the State Board of Cosmetology. An additional temporary permit shall not be issued to any individual. Thereafter, the person may practice any of the classified occupations of cosmetology in Missouri only after passing a state examination and receiving a license.

(4) Failure of State Exam.
(A) Any person desiring to retake an examination for any reason will be required to submit the regular examination application and fee to the National Interstate Council for Cosmetology Boards (NIC) testing company before being scheduled for the examination.

(5) Transfer of Students.
(A) Any student desiring to change schools shall contact the school in which s/he is currently enrolled and request termination. The school shall terminate the student as required by 4 CSR 90-2.010(5)(D) within two (2) weeks of the student’s request to be terminated. After the proper termination papers and the student license have been received by the board, the student may make application for enrollment with another school in accordance with 4 CSR 90-3.010(1) and 4 CSR 90-2.010(5)(B).

(B) For the purposes of meeting the minimum requirements for examination, training completed by a student or apprentice who has transferred between schools or shops or has had a lapse of time between enrollments in the same school or shop shall be recognized by the board for a period of no more than five (5) years from the date it was received.

(C) Out-of-State Training. Any person desiring credit for training received in another state shall submit an affidavit completed by the state licensing board or the school where the hours were completed which verifies the following: applicant name; school name and address; date of termination of training; total hours earned by the student; and distribution of those hours by subjects as required by section 329.040, RSMo or 4 CSR 90-2.010(5)(A). The affidavit shall be completed on a form supplied by the Missouri State Board of Cosmetology and shall also contain
the name and title of the person completing
the form, the date completed and the state
board seal, school seal or notary statement.
Training completed by the applicant shall be
recognized by the board for a period of no
more than five (5) years from the date it was
received.

1997 and 329.230, RSMo 1994.} This ver-
sion of rule filed June 26, 1975, effective July
6, 1975. Amended: Filed Dec. 19, 1975,
9, 1983, effective May 12, 1983. Amended:
Filed April 13, 1983, effective July 11, 1983.
Amended: Filed Feb. 10, 1984, effective May
effective Jan. 30, 1987. Emergency amend-
ment filed Jan. 30, 1987, effective Feb. 9,
amendment filed March 2, 1987, effective
1, 1988. Amended: Filed June 16, 1987,
Amended: Filed March 31, 1988, effective
June 27, 1988. Amended: Filed April 19,
1989, effective July 1, 1989. Amended: Filed
Amended: Filed Dec. 14, 1995, effective June
30, 1996. Amended: Filed Dec. 31, 1997,
effective July 30, 1998.

Board of Cosmetology does not have author-
ity to waive statutory requirement that
apprentice or student be at least seventeen
years of age.

registered cosmetology school cannot require
its students to pass a final examination before
releasing the students’ hours and allowing the
students to take their state board examina-
tion. The right to a state license is not depen-
dent only upon having the qualifications
required by section 329.050, RSMo Supp.
1965, as determined by the board.

Local school district that desires to operate a
school of cosmetology must apply for regis-
tration and pay annual registration fee and
students of such schools must be registered
and pay the student license fee.
MISSOURI STATE BOARD OF COSMETOLOGY
STUDENT ENROLLMENT APPLICATION

INSTRUCTIONS
THIS FORM MUST BE USED TO ENROLL ALL STUDENTS IN SCHOOL, INCLUDING NEW, TRANSFERS, AND THOSE SEEKING ADDITIONAL TRAINING. PLEASE PROVIDE THE ADDITIONAL INFORMATION AS REQUIRED FOR YOUR STUDENT TYPE ALONG WITH THIS COMPLETED APPLICATION (REFER TO BOXES AT RIGHT).

1. COPY OF BIRTH CERTIFICATE (PREFERRED) OR DRIVERS LICENSE FOR PROOF OF AGE.
2. PROOF OF EDUCATION (MUST HAVE SUCCESSFULLY COMPLETED 10TH GRADE OR EQUIVALENT WITH AT LEAST 10 HIGH SCHOOL CREDITS); PHOTOCOPY OF DIPLOMA(S), TRANSCRIPT(S), OR GED CERTIFICATION.
3. TWO PHOTOGRAPHS MEASURING APPROXIMATELY 2" x 2".
4. $5.00 ENROLLMENT FEE.

TO BE COMPLETED BY APPLICANT
1. NAME (FIRST, MIDDLE, LAST) 2. SOCIAL SECURITY NUMBER
3. PERMANENT ADDRESS (STREET, CITY, STATE, ZIP CODE)
4. DATE OF BIRTH 5. TELEPHONE NUMBER
   MO. DAY YEAR
6. SCHOOL WHERE LAST GRADE WAS COMPLETED 9. SCHOOL ADDRESS (CITY AND STATE)
7. YEAR LAST GRADE WAS COMPLETED
   CIRCLE LAST GRADE COMPLETED
   8 9 10 11 12 GED
   
6. CHARACTER REFERENCES
   NAME
   ADDRESS (STREET, CITY, STATE, ZIP)
   a.
   b.

11. IF ANSWERS TO QUESTIONS 1, 2, OR 3 ARE YES, PLEASE EXPLAIN.
   1. EVER BEEN ENROLLED IN A MISSOURI COSMETOLOGY SCHOOL?
   2. EVER BEEN AN APPRENTICE IN A MISSOURI COSMETOLOGY SALON?
   3. EVER BEEN LICENSED AS A COSMETOLOGIST, HAIRDRESSER OR MANICURIST IN MISSOURI OR ELSEWHERE?

12. EXPLANATION
I HEREBY MAKE APPLICATION TO ENROLL IN THE FOLLOWING COSMETOLOGY SCHOOL
13. COSMETOLOGY SCHOOL NAME
14. SCHOOL LICENSE NUMBER
15. SCHOOL ADDRESS
16. TELEPHONE NUMBER

17. FOR THE FOLLOWING COURSE
   □ CLASS CA - HAIRDRESSING AND MANICURING □ FULL-TIME
   □ CLASS CH - HAIRDRESSING □ PART-TIME
   □ CLASS MO - MANICURIST □ EVENING
   □ CLASS E - ESTHETICIAN

18. PLEASE INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY
   SUNDAY
   MONDAY
   WEDNESDAY
   FRIDAY
   TUESDAY
   THURSDAY
   SATURDAY

19. I HEREBY SWEAR AND AFFIRM THAT THIS APPLICATION IS COMPLETE AND THE ANSWERS SET FORTH ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND I MUST BE REGISTERED WITH THE MISSOURI STATE BOARD OF COSMETOLOGY AND I WILL NOT BE ALLOWED CREDIT FOR SCHOOL ATTENDANCE UNTIL I HAVE BEEN ISSUED AND THE SCHOOL RECEIVES MY STUDENT LICENSE.

APPLICANT SIGNATURE

TO BE COMPLETED BY COSMETOLOGY SCHOOL
20. THE ABOVE-NAMED APPLICANT HAS BEEN ACCEPTED FOR ENROLLMENT INTO OUR SCHOOL AND MAY BEGIN WITH OUR CLASS STARTING... OR UPON RECEIPT OF THE STUDENT LICENSE, WHICHEVER IS LATER. WE HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED TO THE BEST OF OUR KNOWLEDGE.
21. NAME OF SCHOOL
22. SIGNATURE OF OWNER OR REGISTRAR
23. SCHOOL SEAL

MO 419-0553 (9-95)
Rebecca McDowell Cook (5/31/96) CODE OF STATE REGULATIONS
Secretary of State
MISSOURI STATE BOARD OF COSMETOLOGY
CHANGE OF STATUS APPLICATION

INSTRUCTIONS — READ BEFORE COMPLETING CHANGE OF STATUS APPLICATION. TYPE OR PRINT LEGIBLY.

THIS APPLICATION WILL NOT BE ACCEPTED IF POSTMARKED LATER THAN 3 DAYS FROM THE EFFECTIVE DATE OF THE CHANGE OF STATUS (SECTION D).

1. This form is to be used for change of status for students/instructor trainees and apprentices. Indicate the appropriate check box at the upper right of the form and on the Interim Certificate below. In case of a location change of an individual to another school/shop owned by the same entity, check enrollment information box above and complete the location information in original and revised areas of Section B.

2. For any change of status the school/shop must complete Sections A, B, D, and E. Section C must be signed by the applicant.

3. Upon completion of this form, including signatures of both school/shop and applicant, the first page should be removed and submitted to the State Board Office, along with the student/instructor trainee license and a $5.00 fee or the apprentice license and a $15.00 fee. The Interim Certificate should then be removed from the perforated second page of the application and posted within the school/shop until the revised license is returned for the applicant. After receipt of the revised license, the Interim Certificate is to be destroyed. The second page of the application is to be kept by the school/shop in the applicant’s file.

SECTION A — APPLICANT’S PERSONAL DATA

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<th>NAME</th>
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<th>MIDDLE</th>
<th>LAST</th>
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PERMANENT ADDRESS

STREET

CITY

STATE

ZIP CODE

DATE OF BIRTH

TELEPHONE NUMBER

LICENSE NUMBER

SECTION B — COMPLETED FOR APPLICANTS BY SCHOOL/SHOP

PRESENT ENROLLMENT INFORMATION

| FULL-TIME | CLASS CA - HAIRDRESSING & MANICURING |
| PART-TIME | CLASS CH - HAIRDRESSING |
| EVENING | CLASS MO - MANICURIST |
| | CLASS E - ESTHETICIAN |
| | LOCATION (SPECIFY ADDRESS BELOW) |

HOURS ACCUMULATED DURING THIS LICENSE PERIOD

INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>WEDNESDAY</th>
<th>FRIDAY</th>
<th>SUNDAY</th>
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</table>

REVISED ENROLLMENT INFORMATION

| FULL-TIME | CLASS CA - HAIRDRESSING & MANICURING |
| PART-TIME | CLASS CH - HAIRDRESSING |
| EVENING | CLASS MO - MANICURIST |
| | CLASS E - ESTHETICIAN |
| | ADDITION HOURS - IF SO, HOW MANY |
| | LOCATION (SPECIFY ADDRESS BELOW) |

INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>WEDNESDAY</th>
<th>FRIDAY</th>
<th>SUNDAY</th>
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SECTION C — COMPLETED BY COSMETOLOGY SCHOOL/SHOP

I HEREBY SWEAR AND AFFIRM THAT THIS APPLICATION IS COMPLETE AND THE ANSWERS SET FORTH ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT’S SIGNATURE

SECTION D — COMPLETED BY COSMETOLOGY SCHOOL/SHOP

THE ABOVE NAMED APPLICANT HAS BEEN APPROVED FOR CHANGE OF STATUS BY OUR SCHOOL/SHOP EFFECTIVE _______ 19____. WE HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED TO THE BEST OF OUR KNOWLEDGE.

NAME OF SCHOOL/SHOP

SCHOOL/SHOP LICENSE NUMBER

OWNER OR REGISTRAR’S SIGNATURE

SECTION E — INTERIM CERTIFICATE

<table>
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<tr>
<th>ENROLLMENT INFORMATION</th>
<th>ADDITIONAL HOURS</th>
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</thead>
</table>

INTERIM CERTIFICATE

<table>
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<tr>
<th>NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
<th>DATE</th>
</tr>
</thead>
</table>

COSMETOLOGY SCHOOL/SHOP NAME

COSMETOLOGY SCHOOL/SHOP ADDRESS

STREET

CITY

ZIP CODE

THIS INTERIM CERTIFICATE:

1. IS VALID FOR 20 DAYS ONLY
2. IS NOT TRANSFERABLE
3. MUST BE CONSPICUOUSLY POSTED
4. MUST BE DESTROYED UPON RECEIPT OF NEW LICENSE.

MO 419-0016 (8-95)
MISSOURI STATE BOARD OF COSMETOLOGY
APPLICATION FOR EXAMINATION AS REGISTERED COSMETOLOGIST

TELEPHONE (314-751-1052)

INSTRUCTIONS PLEASE TYPE OR PRINT LEGIBLY

1. THE FEE FOR FILING AN APPLICATION IS $10.00 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 FURNISHED 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 866-735-9966.
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 ☐ 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 ☐ 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 EMBOSSED SEAL

SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 19

NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

COUNTY (OR CITY OF ST. LOUIS)

USE RUBBER STAMP IN CLEAR AREA BELOW.

MO 419-0655 (8-96)

Rebecca McDowell Cook (5/31/96) CODE OF STATE REGULATIONS 7
Secretary of State
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>
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<tr>
<td>MONTH</td>
<td>DAY</td>
<td>YEAR</td>
<td>MONTHS</td>
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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>
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<tbody>
<tr>
<td>SHAMPOOING OF ALL KINDS</td>
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</tr>
<tr>
<td>HAIR COLORING, BLEACHES AND RINSES</td>
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<tr>
<td>HAIR CUTTING AND SHAPING</td>
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<tr>
<td>PERMANENT WAVING AND RELAXING</td>
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<tr>
<td>HAIRSETTING, PIN CURLS, FINGERWAVES, THERMAL CURLING</td>
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<tr>
<td>COMBOUTS AND HAIR STYLING TECHNIQUES</td>
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<tr>
<td>SCALP TREATMENTS AND SCALP DISEASES</td>
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<tr>
<td>FACIALS, EYEBROWS AND ARCHES</td>
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<tr>
<th>SUBJECT</th>
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<tr>
<td>MANICURING, HAND AND ARM MASSAGE, TREATMENT OF NAILS</td>
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<tr>
<td>COSMETIC CHEMISTRY</td>
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<tr>
<td>SALESMANSHIP AND SHOP MANAGEMENT</td>
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<tr>
<td>SANITATION AND STERILIZATION</td>
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<td>STATE LAW</td>
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<tr>
<td>MISCELLANEOUS LECTURES AND TEST REVIEW</td>
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</table>

TOTAL OF SUBJECT HOURS

SCHOOL/SHOP CERTIFICATION

STATE OF ____________________________ ss.
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 ______ AD. 19

NOTARY SIGNATURE

MY COMMISSION EXPIRES ON

MO 419-0655 (8-96)
MISSOURI STATE BOARD OF COSMETOLOGY
APPLICATION FOR EXAMINATION AS REGISTERED MANICURIST

TELEPHONE (314-751-1052)

INSTRUCTIONS
1. THE FEE FOR FILING AN APPLICATION IS $10.00 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 314-751-1052 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

<table>
<thead>
<tr>
<th>MR.</th>
<th>FULL NAME</th>
<th>FIRST</th>
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<td>MS.</td>
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FORMAL EDUCATION

EDUCATION

CIRCLE LAST GRADE COMPLETED

| 8 | 9 | 10 | 11 | 12 | GED |

<table>
<thead>
<tr>
<th>NAME OF SCHOOL WHERE LAST GRADE COMPLETED</th>
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COSMETOLOGY EDUCATION

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<th>DATE ENROLLED</th>
<th>DATE COMPLETED TRAINING</th>
<th>TOTAL NUMBER OF HOURS COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTH</td>
<td>DAY</td>
<td>YEAR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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 419-2151 (8-96)