



## APPLICATION FOR RECIPROCITY LICENSE

Reciprocity Fee: ..... \$ 100.00  
License Fee: ..... \$ 80.00  
**Total Amount Due with Application: ..... \$ 180.00**

Last Name (Please Print): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security No. (SSN): \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Barber School or College You Attended: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Number of Hours Completed: \_\_\_\_\_

Were You Trained and Tested in use of the following:

Straight Razor: Yes \_\_\_\_ or No \_\_\_\_

Chemicals: Yes \_\_\_\_ or No \_\_\_\_

Are you dually Licensed: Yes \_\_\_ No \_\_\_ (if yes, clarify the number of hours)

Number of Cosmetology Training hours completed: \_\_\_\_\_

Number of Barber Training hours completed: \_\_\_\_\_

**Military Service (Complete if Applicable/Check One)**

\_\_\_\_\_ *Military Service* (Provide a copy of your CAC card or your Military ID)

\_\_\_\_\_ *Military Spouse* (Provide a copy of your CAC card or your Military ID)

\_\_\_\_\_ *Military Service Member Discharged or Retired* (Provide your DD-214 and separation date)

Separation Date: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**Licenses Held**

Do you hold a current occupational license, certification, private certification, or registration for Barbering issued from another State: Yes \_\_\_\_\_ No \_\_\_\_\_

What State(s) are you currently licensed in as a Barber: \_\_\_\_\_

What year were you first licensed as a Barber in any State: \_\_\_\_\_

How many years have you worked as a Barber: \_\_\_\_\_

During the Last two Years, Have you Practice Barbering for at Least \_\_\_\_\_ Hours Per Year: Yes \_\_\_\_\_ or No \_\_\_\_\_

How Many Hours (estimated) Last Year: \_\_\_\_\_ The Year Before Last: \_\_\_\_\_

Have you ever had a Barber Occupational License, Certification, Private Certification, or Registration suspended, revoked, denied, or refused renewal in any State, the District of Columbia, or any other Country: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you currently live in Kansas or are planning to move to Kansas: Yes \_\_\_\_\_ No \_\_\_\_\_

**Please Provide the Last Three Years of your Work History as a Barber** (starting with the most recent)

1: Name of Barber Shop: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Hire: \_\_\_\_\_ to \_\_\_\_\_

Estimated Number of Hours Worked Per Week (Average): \_\_\_\_\_

2: Name of Barber Shop: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Hire: \_\_\_\_\_ to \_\_\_\_\_

Estimated Number of Hours Worked Per Week (Average): \_\_\_\_\_

3: Name of Barber Shop: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Hire: \_\_\_\_\_ to \_\_\_\_\_

Estimated Number of Hours Worked Per Week (Average): \_\_\_\_\_

4: Name of Barber Shop: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Hire: \_\_\_\_\_ to \_\_\_\_\_

Estimated Number of Hours Worked Per Week (Average): \_\_\_\_\_

## Citizenship Status

Pursuant to federal law, a person who is not a U.S. citizen is not eligible for licensure unless the person is a qualified alien or a nonimmigrant. (Please select one of the following below)

\_\_\_\_ a U.S. Citizen

\_\_\_\_ a permanent resident/resident alien.

\_\_\_\_ a nonimmigrant with a visa: \_\_\_\_\_. (Type of Visa e.g. F-1; F-2; H-1B)

\_\_\_\_ a nonimmigrant whose visa for entry is related to employment in the United States.

---

**NOTE:** For the transfer of your Barber License, you **MUST** request that the state licensing board from which you are transferring from send the Kansas Board of Barbering office a verification or certification that your current Barber License, Certification, or Registration is in good standing with that state. This certification can be emailed to [KBOB@ks.gov](mailto:KBOB@ks.gov), faxed to 785-368-7071, or mailed to Kansas Board of Barbering 700 SW Jackson Street, Suite 1002, Topeka, KS 66603.

Your application is **not complete** without this verification or certification. It is **your** responsibility to request it from the transferring state and to ensure that it is submitted to the Kansas Board of Barbering.

**CRIMINAL HISTORY**

Have you ever been convicted of any felony offense(s) or Class A misdemeanor person crime(s), in Kansas or any other state or in a military court? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE:** If "YES," You MUST complete a "Felony Disclosure Packet" providing details about the convictions. This packet can be located on our website with the applications, or you may request one from the Board Office. The felony packet will be reviewed by the Board's Review Committee and the Committee in accordance with K.A.R. 61-4-3 will determine whether your criminal history would disqualify you from receiving a license.

**I hereby make application to practice as a barber in the State of Kansas.**

**Signature and Verification**

I declare under the penalty of perjury under the laws of the State of Kansas that the information provided in this application is true and correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SELECTED STATUTES AND REGULATIONS** (all statutes and regulations for the Board of Barbering can be found on at [kbob@ks.gov](mailto:kbob@ks.gov) )

---

65-1820a. Nonissuance, nonrenewal, suspension or revocation of license; grounds; board orders requiring remediation of violations.

(a) The board may censure, limit, condition, suspend, revoke or refuse to issue, reinstate or renew a license of any applicant or licensee upon proof that the applicant or licensee:

- (1) Has committed malpractice or incompetency;
- (2) has become afflicted with an infectious or communicable disease;
- (3) has advertised by knowingly false or deceptive statements;
- (4) has advertised, practiced or attempted to practice under a trade name other than one's own;
- (5) is unable to practice barbering with skill and safety due to current abuse of drugs or alcohol;
- (6) has committed unprofessional conduct as defined in rules and regulations adopted by the board;
- (7) has obtained or attempted to obtain a license for money other than the required fee, or for any other thing of value or by fraudulent misrepresentations;
- (8) has willfully failed to display a license to practice barbering as required by K.S.A. 65-1818, and amendments thereto;
- (9) has practiced or attempted to practice barbering by fraudulent misrepresentations;
- (10) has violated any of the sanitation standards adopted by the secretary of health and environment pursuant to K.S.A. 65-1,148, and amendments thereto, for the regulation of barber shops, barber schools and barber colleges;
- (11) has violated any lawful rules and regulations of the board concerning the operation or management of a barber shop, barber school or barber college; or
- (12) has been convicted of any felony offense or misdemeanor offense of a crime against persons or involving illegal drugs as determined by the board in rules and regulations, and the licensee or applicant for a license is unable to demonstrate to the board's satisfaction that such person has been sufficiently rehabilitated to warrant the public trust.

(b) The board, in lieu of or addition to any other penalty prescribed under the provisions of article 18 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, may assess a civil fine against a licensee for a violation of the provisions of article 18 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, in an amount not to exceed \$1,000.

(c) In all matters pending before the board, the board shall have the power to revoke the license of any licensee who voluntarily surrenders such person's or entity's license pending investigation of misconduct or while charges of misconduct against the licensee are pending or anticipated.

(d) All proceedings under the provisions of article 18 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, shall be conducted in accordance with the Kansas administrative procedure act. Judicial review and civil enforcement of agency actions under the provisions of article 18 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, shall be in accordance with the Kansas judicial review act.

---

65-1813. Same; persons authorized to practice outside state; examination exemption, conditions; reciprocity. (a) The board may issue, without examination, a license to practice barbering to any person who pays the prescribed fee and submits evidence satisfactory to the board that such person: (1) Is at least 18 years of age; (2) is of good moral character and temperate habits; and (3) is legally authorized to practice barbering in another state, territory or country which has substantially the same requirements for authorization to practice as required for licensure under this act and which grants reciprocal authorization to barbers licensed in this state as required by subsection (b). (b) A license shall be issued pursuant to this section only if the state, territory or country in which the person is authorized to practice barbering grants, under like conditions and without examination, reciprocal authorization to barbers licensed in this state. (c) No license shall be issued to any person without examination unless such person meets all requirements of this section.

---