



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
PROOF OF WORK EXPERIENCE – CROSSOVER BARBER TO
CLASS CA – COSMETOLOGY

BOARD OF COSMETOLOGY AND
 BARBER EXAMINERS
 P.O. BOX 1062
 JEFFERSON CITY, MISSOURI 65102
 TELEPHONE (573) 751-1052

20 CSR 2085-13.040(3)(B): The five hundred (500) hours of cosmetology training required by this rule shall be taken in any of the cosmetology subject areas identified in Column B of 20 CSR 2085-12.050. Two (2) years of experience as a Missouri licensed barber immediately prior to the time of application may be substituted for two hundred fifty (250) of the required five hundred (500) hours of training and three (3) years of experience as a Missouri licensed barber may be substituted for all of the five hundred (500) required hours of additional cosmetology training. Barber applicants shall only be credited for training as provided in this rule if the applicant's Missouri barber license was active, in good standing and not subject to any probationary terms or disciplinary action by the board during the entire term of the applicable two (2) or three (3) year licensing period.

INSTRUCTIONS

1. Complete the below information to show your proof of work experience in order to obtain credit.
2. Use the reverse side for additional work experience.
3. Return the completed application to: Board of Cosmetology & Barber Examiners
 PO Box 1062
 Jefferson City, MO 65102

APPLICANT INFORMATION

NAME OF APPLICANT	APPLICANT LICENSE NUMBER
ADDRESS OF APPLICANT	SOCIAL SECURITY NUMBER
EMAIL ADDRESS	

(OPTIONAL) I AUTHORIZE THE BOARD TO RELEASE MY EMAIL ADDRESS UPON REQUEST.

EMPLOYMENT INFORMATION

NAME OF ESTABLISHMENT	
ADDRESS	
ESTABLISHMENT LICENSE NUMBER	ESTABLISHMENT TELEPHONE NUMBER
ESTABLISHMENT OWNER NAME	
DATES OF EMPLOYMENT	
FROM	TO

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF EMPLOYER/SALON OWNER	DATE
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NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

