STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

NOTICE OF TERMINATION FOR CROSSOVER BARBER TO CLASS CA-COSMETOLOGY

☐ STUDENT
☐ APPRENTICE

INSTRUCTIONS

1. This form is to be completed for either crossover-barber to class CA cosmetology students or apprentices who have discontinued training.
2. Please mail completed form and license to: Board of Cosmetology and Barber Examiners, P.O. Box 1062, Jefferson City, MO 65102. If apprentice, please include apprentice supervisor certificate.
3. If only reporting that a student has paid contractual fees please complete only the Student/Apprentice Personal Data, Contractual Fees and signature/notary sections of the form.

STUDENT/APPRENTICE PERSONAL DATA

NAME OF STUDENT/APPRENTICE

STUDENT/APPRENTICE ADDRESS (STREET, CITY, STATE, ZIP CODE)

NAME OF SCHOOL/ESTABLISHMENT

TRAINING INFORMATION

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

SUBJECT	TOTAL HOURS	SUBJECT	TOTAL HOURS
MANICURING, HAND AND ARM MASSAGE, TREATMENT OF NAILS - 220		STUDY OF THE USE AND APPLICATION OF CERTAIN CHEMICALS - 40	
SANITATION AND STERILIZATION - 25		ADDITIONAL COSMETOLOGY TRAINING - 200	
ANATOMY - 15			
		TOTAL OF SUBJECT HOURS ▸	
DATE SCHOOL DETERMINED STUDENT WITHDREW/GRADUATED ▸		**TOTAL NUMBER OF MONTHS ATTENDED** ▸	

CONTRACTUAL FEES INFORMATION

☐ This is to certify that the above named student has paid all contractual fees, pursuant to Chapter 329, RSMo, to this school and is therefore eligible to be scheduled for examination by the Board of Cosmetology and Barber Examiners.

☐ This is to certify that the above named student entered into a contract with this school on or after September 28, 1987 and has **not** paid all contractual fees, pursuant to Chapter 329, RSMo, to this school. Upon payment of all said contractual fees I shall file a Certification of Payment of Contractual Fees with the Board of Cosmetology and Barber Examiners within 10 days of said payment. I understand that the above named individual will not be eligible for examination in the State of Missouri until all contractual fees have been paid and I have submitted the required certification.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE.

SIGNATURE OF SCHOOL/ESTABLISHMENT OWNER OR AUTHORIZED PERSONNEL

NAME OF SCHOOL/ESTABLISHMENT

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

DISTRIBUTION: **WHITE** - BOARD **CANARY** - SCHOOL **PINK** - STUDENT