



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR CERTIFICATION OF IDENTIFICATION
 (Allows practice away from licensed shop)

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

20 CSR 2085-7.020(3)(B) Use of Certification of Identification. Licensees may use certificates of identification to provide only those cosmetology services that the licensee is licensed and trained to perform. All licensees performing services outside of a licensed cosmetology establishment with a certificate of identification must comply with all relevant sanitation regulations governing the practice of cosmetology.

INSTRUCTIONS

1. Complete the below information.
2. If the establishment license is a rental license be sure to complete information that matches the establishment rental license. The licensee printed on the rental license is considered the "owner".
3. If an employee of an establishment is applying, please have the owner of the establishment complete the establishment information below.
4. 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	

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF EMPLOYER/SALON OWNER	DATE
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NOTARY PUBLIC EMBOSSEER 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)		
USE RUBBER STAMP IN CLEAR AREA BELOW.		