



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**APPLICATION FOR EXAM SCORE ENDORSEMENT**

BOARD OF COSMETOLOGY AND  
 BARBER EXAMINERS  
 P.O. BOX 1062  
 JEFFERSON CITY, MO 65102  
 1-866-762-9432 OR (573) 751-1052

**INSTRUCTIONS PLEASE TYPE OR PRINT LEGIBLY**

Applicants who hold a current license in another state may obtain a Missouri Cosmetology and/or Barber License through exam score endorsement if the following requirements are met:

1. Applicants must submit an affidavit completed by the state licensing agency verifying the type of license held by the applicant and that the license is current and in good standing, and that the Applicant successfully passed the NIC (National Interstate Council) Written and NIC (National Interstate Council) Practical Examination with a passing score of 75%.
2. Proof of successful completion of the tenth grade (completion of at least ten (10) high school credits) - diploma, general educational development (GED) certificate or official school transcript indicating name, grade level and number of credits completed. (Cosmetology only)
3. Proof of age - birth certificate or driver's license (applicant must be seventeen (17) years of age).
4. State law test - must be completed and returned to the board office with a passing grade of 75%.
5. Applicant must attach two bust photographs which have been taken within the last two years.
6. Have a notary complete notary portion at bottom of this page and affix seal.
7. The exam score endorsement fee is \$100.00. Please make payment payable to the State Board of Cosmetology and Barber Examiners.

ATTACH 2  
 PICTURES  
 HERE

**Please return to: Board of Cosmetology and Barber Examiners**  
**P.O. Box 1062**  
**Jefferson City, Missouri 65102**

I HEREBY MAKE APPLICATION FOR LICENSE BY EXAM SCORE ENDORSEMENT TO PRACTICE FROM THE STATE OF \_\_\_\_\_.

<input type="checkbox"/> CLASS CA - HAIRDRESSING & MANICURING	<input type="checkbox"/> CLASS CH - HAIRDRESSER	<input type="checkbox"/> BARBER	<input type="checkbox"/> COSMETOLOGY INSTRUCTOR
<input type="checkbox"/> CLASS MO - MANICURIST	<input type="checkbox"/> CLASS E - ESTHETICIANS	<input type="checkbox"/> BARBER INSTRUCTOR	
<input type="checkbox"/> CROSS-OVER	<input type="checkbox"/> CROSS-OVER INSTRUCTOR		

**APPLICANT PERSONAL DATA**

APPLICANT NAME (FIRST, MIDDLE, LAST)			MAIDEN
PERMANENT ADDRESS (STREET & NO., CITY, STATE, ZIP)			
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	DATE OF BIRTH	AGE
EMAIL ADDRESS		<input type="checkbox"/> (OPTIONAL) I AUTHORIZE THE BOARD TO RELEASE MY EMAIL ADDRESS UPON REQUEST.	
NAME AND ADDRESS OF HIGH SCHOOL WHERE LAST GRADE WAS COMPLETED			DATE LAST GRADE WAS COMPLETED
NAME AND ADDRESS OF PROFESSIONAL SCHOOL ATTENDED		ENROLLMENT DATE	GRADUATION DATE
NATIONAL INTERSTATE COUNCIL EXAMINATION SCORE WRITTEN _____ PRACTICAL _____		SIGNATURE OF APPLICANT	

**LICENSE INFORMATION**

STATE IN WHICH YOU WOULD HOLD A VALID LICENSE \_\_\_\_\_

LIST ANY PAST, CURRENT, OR PENDING DISCIPLINE OF YOUR PROFESSIONAL LICENSE(S) IN CURRENT STATE AND/OR OTHER STATES, INCLUDE DATES AND TERMS OF SUCH DISCIPLINE.

In the last ten (10) years have you ever been adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of this state or any other state or of the United States, whether or not sentence was imposed?  Yes  No  
 If yes, provide the date offense, court location, and case number on an attached document.

(a) Are you a United States Citizen otherwise lawfully present in the United States?  Yes  No  
 If you answered "No" to questions (a) above, please provide a detailed explanation.

Pursuant to Section 324.010 RSMo:  
 CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.  
*False statements are subject to criminal penalties and/or license discipline.*  
 If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

**NOTARY INFORMATION**

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
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	