



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**APPLICATION FOR RECIPROCITY AS A**  
**REGISTERED COSMETOLOGIST, BARBER AND/OR INSTRUCTOR**

BOARD OF COSMETOLOGY AND  
 BARBER EXAMINERS  
 PO 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, territory of the United States, or the District of Columbia which has requirements which are substantially equal to those in force in the State of Missouri or who has practiced cosmetology for at least two consecutive years in another state, territory of the United States, or the District of Columbia may obtain a Missouri Cosmetology License through reciprocity 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.
2. If applying by experience the applicant will need to complete the Work Experience section of this application.
3. Applicant must attach two color passport type photographs, which have been taken within the last two years.
4. A completed medical examination form by a physician. (Barber only)
5. The reciprocity fee is \$100.00 for operators and instructors. Please make payment payable to the Board of Cosmetology and Barber Examiners.
6. State law test - must be completed and returned to the board office with a passing grade of 75%.
7. Proof of age - birth certificate or driver's license.
8. The applicant is not under disciplinary action by another board of cosmetology.

"THE BOARD reserves the right to deny licensure to any applicant based on the grounds set forth in section 329.140, RSMo. or 328.150, RSMo."

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

PLACE 1  
 PICTURE  
 HERE

I HEREBY MAKE APPLICATION FOR LICENSE BY RECIPROCITY TO PRACTICE (CHECK LICENSE DESIRED)

<input type="checkbox"/> CLASS CA - HAIRDRESSING & MANICURING	<input type="checkbox"/> CLASS CH - HAIRDRESSING	<input type="checkbox"/> CLASS MO - MANICURISTS	<input type="checkbox"/> CLASS E - ESTHETICIAN
<input type="checkbox"/> BARBER	<input type="checkbox"/> COSMETOLOGY INSTRUCTOR		

**APPLICANT PERSONAL DATA**

APPLICANT NAME (FIRST, MIDDLE, LAST)			MAIDEN
STREET/ROUTE/BOX NO.			
CITY		STATE	ZIP CODE
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.	

**FORMAL HIGHSCHOOL EDUCATION**

GRADE COMPLETED <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED	GRADUATION DATE	NAME OF SCHOOL WHERE LAST GRADE COMPLETED	CITY & STATE
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**COSMETOLOGY/BARBER EDUCATION**

NUMBER TRAINING HOURS COMPLETED	NAME OF SCHOOL		
STREET/ROUTE/BOX NO.			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

**LICENSE INFORMATION**

STATE IN WHICH YOU 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](mailto:income@dor.mo.gov).

SIGNATURE OF APPLICANT	DATE
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**NOTARY INFORMATION**

NOTARY PUBLIC EMBOSSE 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)	

**EMPLOYEE INFORMATION**

NAME OF SALON		LOCATION OF SALON	
SALON LICENSE NUMBER		SALON TELEPHONE NUMBER	
SALON OWNER NAME		DATES OF EMPLOYMENT FROM _____ TO _____	

This is to certify that the information given above is correct and that the applicants worked at a salon during the time period listed.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	SIGNATURE OF EMPLOYER/SALON OWNER		DATE
			

NOTARY PUBLIC EMBOSSEER 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)		

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