



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**REINSTATEMENT APPLICATION – BARBERS AND/OR INSTRUCTORS**

BOARD OF COSMETOLOGY & BARBER EXAMINERS  
 3605 MISSOURI BLVD., P.O. BOX 1062  
 JEFFERSON CITY, MO 65102  
 (866) 762-9432



**INSTRUCTIONS**

**BARBERS**

1. COMPLETE ALL PARTS BELOW.
2. ENCLOSE REINSTATEMENT FEE OF \$60.00.
3. ANY PERSON WHO HAS ALLOWED HIS/HER LICENSE TO EXPIRE FOR A PERIOD OF MORE THAN TWO (2) YEARS MUST TAKE THE EXAMINATION IN ORDER TO REINSTATE THAT LICENSE.

**INSTRUCTORS (MUST HAVE A CURRENT BARBER'S LICENSE)**

1. COMPLETE ALL PARTS BELOW.
2. ENCLOSE A FEE OF \$60.00.
3. ENCLOSE \$90.00 IF APPLYING FOR REINSTATEMENT OF BOTH, ENCLOSE TOTAL FEES AND REINSTATEMENT FEES.
4. ANY PERSON WHO HAS ALLOWED HIS/HER LICENSE TO EXPIRE FOR A PERIOD OF MORE THAN TWO (2) YEARS MUST TAKE THE EXAMINATION IN ORDER TO REINSTATE THAT LICENSE.

**ALL APPLICANTS**

4. ALL LICENSES ARE ISSUED FOR A TWO-YEAR LICENSE PERIOD AND EXPIRE SEPTEMBER 30 OF EACH ODD-NUMBERED YEAR.
5. MAKE CHECKS OR MONEY ORDERS PAYABLE TO: BOARD OF COSMETOLOGY AND BARBER EXAMINERS
6. RETURN COMPLETED APPLICATION AND FEE TO: BOARD OF COSMETOLOGY AND BARBER EXAMINERS  
 P.O. BOX 1062, JEFFERSON CITY, MISSOURI 65102

**PART A - COMPLETE BARBER/INSTRUCTOR LICENSE APPLICANT**

APPLICATION FOR BARBER/INSTRUCTOR LICENSE TO PRACTICE

- BARBER  
 INSTRUCTOR

**PART B- APPLICANT PERSONAL DATA**

APPLICANT'S NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
EMAIL ADDRESS		<input type="checkbox"/> (OPTIONAL) I AUTHORIZE THE BOARD TO RELEASE MY EMAIL ADDRESS UPON REQUEST.

**PART C - LICENSE INFORMATION**

LICENSE NUMBER	DATE LAST LICENSE EXPIRED
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**PART D - PRESENT ADDRESS**

STREET/ROUTE/BOX NO.

CITY	STATE	ZIP CODE
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**THE FOLLOWING QUESTIONS MUST BE ANSWERED IN ORDER TO REINSTATE YOUR LICENSE, FAILURE TO DO SO WILL CAUSE THE REINSTATEMENT TO BE REJECTED AND DELAY PROCESSING.**

WITHIN THE LAST 10 YEARS, HAVE YOU BEEN CHARGED IN ANY CRIMINAL PROSECUTION, OR HAVE YOU BEEN ADJUDICATED GUILTY OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE, IN ANY CRIMINAL PROSECUTION IN MISSOURI, OR ANY OTHER STATE, OR IN A UNITED STATES COURT FOR A FELONY CONVICTION?  
 YES  NO IF YES, ATTACH A STATEMENT OF THE DETAILS OF SUCH ACTION ON A SEPARATE SHEET

HAS YOUR BARBER LICENSE BEEN SUBJECT TO DISCIPLINARY ACTION BY A BOARD OF BARBER EXAMINERS IN ANOTHER STATE?  
 YES  NO IF YES, ATTACH A STATEMENT OF THE DETAILS OF SUCH ACTION ON A SEPARATE SHEET

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).

I DECLARE THAT ALL OF THE INFORMATION CONTAINED HEREIN ABOVE IS TRUE, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF.	APPLICANT'S SIGNATURE	DATE
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