



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
MANICURING NOTICE OF TERMINATION/CONTRACTUAL FEES

STUDENT
 APPRENTICE

INSTRUCTIONS

1. This form is to be completed for either manicuring 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		STATE LAW	
SALESMANSHIP AND SHOP MANAGEMENT		STUDY OF THE USE AND APPLICATION OF CERTAIN CHEMICALS	
SANITATION AND STERILIZATION		MISCELLANEOUS LECTURES AND TEST REVIEW	
ANATOMY			
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 OWNER OR AUTHORIZED PERSONNEL		NAME OF SCHOOL	
NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			