



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
CERTIFICATE OF REGISTRATION FOR HAIR BRAIDING

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

CONTACT INFORMATION (TYPE OR PRINT LEGIBLE IN INK)

NAME (LAST, FIRST, MI)	SOCIAL SECURITY NUMBER
MAILING ADDRESS OR PO BOX NUMBER	HOME PHONE NUMBER
CITY, STATE, ZIP CODE	DAYTIME PHONE NUMBER
EMAIL ADDRESS	DATE OF BIRTH

(OPTIONAL) 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	

CRIMINAL HISTORY

HAVE YOU BEEN FINALLY ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE IN A CRIMINAL PROSECUTION IN THIS STATE, OR OF THE UNITED STATES, WHETHER OR NOT SENTENCE WAS IMPOSED?

Yes No

NOTE: This includes Suspended Imposition of Sentence, Suspended Execution of Sentence, misdemeanor and felony convictions, and alcohol related offenses, i.e. DWI and BAC. Check yes if not PREVIOUSLY DISCLOSED TO THIS BOARD AND PROVIDE THE DATE OF THE CONVICTION AND/OR PLEADING, NATURE OF THE OFFENSE, COURT LOCATION, AND CASE NUMBER ON A SEPARATE SHEET.

CITIZENSHIP

ARE YOU A UNITED STATE CITIZEN OR OTHERWISE LAWFULLY PRESENT IN THE UNITED STATES? PLEASE CHECK ONE (1)

Yes No (If no, please provide a detailed statement.)

The undersigned applicant, being duly sworn, deposes and says that he/she is the person who executed the application that all statements contained herein are true, that he/she has not suppressed any information that might affect this application and that he/she has read and understood this affidavit.

APPLICANT'S SIGNATURE	PARENT'S SIGNATURE (IF APPLICANT IS 18 YEARS OR YOUNGER)
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NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE	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.

APPLICANT CHECKLIST

Please check the following is complete and enclosed in your envelope prior to mailing:
 Checklist for applicants:

- Application for Certificate of Registration for Hair Braiding completed entirely.
- Hair Braiding Video Completion Certificate
- \$20 Certificate of Registration fee