



STATE OF MISSOURI  
 DIVISION OF PROFESSIONAL REGISTRATION  
**BARBER NOTICE OF TERMINATION**

NAME OF STUDENT	STUDENT LICENSE NUMBER
STUDENT ADDRESS	
NAME OF SCHOOL	

SUBJECT	REQUIRED HOURS	PRACTICAL HOURS	(PRE-APPROVED) VIRTUAL EDUCATION <i>THEORY EDUCATION ONLY</i>	IN-CLASSROOM THEORY HOURS	TOTAL HOURS RECEIVED
HISTORY	5				
PROFESSIONAL IMAGE	5				
BACTERIOLOGY	5				
STERILIZATION, SANITATION, AND SAFE WORK PRACTICES	20				
IMPLEMENTS, TOOLS, AND EQUIPMENT	15				
PROPERTIES AND DISORDERS OF THE SKIN, SCALP, AND HAIR	15				
TREATMENT OF HAIR AND SCALP	20				
FACIAL MASSAGE AND TREATMENTS	5				
SHAVING	35				
HAIRCUTTING	425				
HAIRSTYLING	325				
MUSTACHE AND BEARD DESIGN	5				
PERMANENT WEAVING	30				
CHEMICAL HAIR RELAXING AND SOFT CURL PERMANENTS	30				
HAIR COLORING	30				
HAIRPIECES	5				
CHEMISTRY	5				
ANATOMY AND PHYSIOLOGY	5				
SALESMANSHIP AND ESTABLISHMENT MANAGEMENT	5				
STATE LAW	10				

**I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT AND COMPLETE.**

**INSTRUCTION:**

- This form is to be completed for students who have discontinued training or graduated.
- Please mail completed form and original license to: Board of Cosmetology and Barber Examiners, P. O. BOX 1062, Jefferson City, MO 65102.
- REMINDER: Virtual educational theory hours may not account for more than half of the theory education hours required.

TOTAL SUBJECT HOURS  
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DATE STUDENT WITHDREW/GRADUATED  
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SIGNATURE OF SCHOOL OWNER OR AUTHORIZED PERSONNEL	NAME OF SCHOOL
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NOTARY PUBLIC EMBOSSEY OR BLACK IN 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)		<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>