



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

IN THE LAST TEN (10) YEARS 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 STATES CITIZEN OR OTHERWISE LAWFULLY PRESENT IN THE UNITED STATES? PLEASE CHECK ONE (1)

Yes No

- HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE UNITED STATES AND SEPARATED FROM SUCH SERVICE UNDER CONDITIONS OTHER THAN DISHONORABLE? YES NO
- IF YES, WOULD YOU LIKE TO RECEIVE INFORMATION AND ASSISTANCE REGARDING VETERANS BENEFITS AND SERVICES? YES NO
- IF YES, MAY THE AGENCY SHARE YOUR CONTACT INFORMATION WITH THE MISSOURI VETERANS COMMISSION TO PROVIDE SUCH INFORMATION? YES NO

GENERAL INFORMATION MAY ALSO BE FOUND AT THE MISSOURI VETERANS COMMISSION'S WEBSITE.

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)	
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

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 Attestation
 - \$20 Certificate of Registration fee - All fees are non-refundable.