



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
CHANGE OF STATUS APPLICATION

BOARD OF COSMETOLOGY
 AND BARBER EXAMINERS
 PO BOX 1062
 JEFFERSON CITY, MO 65102
 (573) 751-1052

<input type="checkbox"/> STUDENT	<input type="checkbox"/> APPRENTICE
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INSTRUCTIONS - READ BEFORE COMPLETING CHANGE OF STATUS APPLICATION. TYPE OR PRINT LEGIBLY.

THIS APPLICATION WILL NOT BE ACCEPTED IF POSTMARKED LATER THAN 3 DAYS FROM THE EFFECTIVE DATE OF THE CHANGE OF STATUS (SECTION D).

- This form is to be used for change of status for students/apprentices. Indicate the appropriate check box at the upper right of the form and on the Interim Certification below. In case of a location change of an individual to another shop owned by the same entity, check enrollment information box above and complete the location information in original and revised areas of Section B.
- For any change of status the shop must complete Sections A, B, D, and E. **Section C must be signed by the applicant.**
- Upon completion of this form, including signatures of both shop and applicant, the first page should be removed and submitted to the State Board Office, along with the license. The Interim Certificate should then be removed from the **perforated second page** of the application and posted within the shop until the revised license is returned for the applicant. After receipt of the revised license, the Interim Certificate is to be destroyed. The second page of the application is to be kept by the shop in the applicant's file.
- \$25.00 change of status fee.

<input type="checkbox"/> BARBER	<input type="checkbox"/> COSMETOLOGY
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SECTION A – APPLICANT’S PERSONAL DATA

NAME	FIRST	MIDDLE	LAST
PERMANENT ADDRESS	STREET	CITY	STATE ZIP CODE
DATE OF BIRTH	TELEPHONE NUMBER	LICENSE NUMBER	

SECTION B – COMPLETED FOR APPLICANTS BY SCHOOL/SHOP

PRESENT ENROLLMENT INFORMATION SCHOOL/ESTABLISHMENT	HOURS ACCUMULATED DURING THIS LICENSE PERIOD ▶						
	INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY						
LICENSE NUMBER	MONDAY		WEDNESDAY		FRIDAY		SUNDAY
PHYSICAL ADDRESS	TUESDAY		THURSDAY		SATURDAY		

REVISED ENROLLMENT INFORMATION

SCHOOL/ESTABLISHMENT	INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY						
	MONDAY		WEDNESDAY		FRIDAY		SUNDAY
LICENSE NUMBER	TUESDAY		THURSDAY		SATURDAY		
PHYSICAL ADDRESS							

SECTION C	I HEREBY SWEAR AND AFFIRM THAT THIS APPLICATION IS COMPLETE AND THE ANSWERS SET FORTH ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.	APPLICANT’S SIGNATURE
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SECTION D – COMPLETED BY SCHOOL/ESTABLISHMENT

THE ABOVE NAMED APPLICANT HAS BEEN APPROVED FOR CHANGE OF STATUS BY OUR SCHOOL/ESTABLISHMENT EFFECTIVE _____ YEAR _____. WE HEREBY CERTIFY THIS APPLICATION HAS BEEN COMPLETED TO THE BEST OF OUR KNOWLEDGE.	AFFIX SCHOOL SEAL HERE	
NAME OF SCHOOL/ESTABLISHMENT		SCHOOL/ESTABLISHMENT NUMBER
OWNER OR REGISTRAR’S SIGNATURE		

SECTION E – INTERIM CERTIFICATE

<input type="checkbox"/> ENROLLMENT INFORMATION	<input type="checkbox"/> APPRENTICE			
NAME	FIRST	MIDDLE	LAST	DATE
SCHOOL/ESTABLISHMENT NAME				
SCHOOL/ESTABLISHMENT ADDRESS	STREET	CITY	ZIP CODE	
THIS INTERIM CERTIFICATE				
1. IS VALID FOR 20 DAYS ONLY		3. MUST BE CONSPICUOUSLY POSTED		
2. IS NOT TRANSFERABLE		4. MUST BE DESTROYED UPON RECEIPT OF NEW LICENSE.		