



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

CLASS CH-HAIRDRESSER
NOTICE OF TERMINATION/CONTRACTUAL FEES

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
SHAMPOOING OF ALL KINDS	40				
HAIR COLORING, BLEACHING, AND RINSES	130				
HAIRCUTTING AND SHAPING	130				
PERMANENT WAVING AND RELAXING	125				
HAIRSETTING, PIN CURLS, FINGERWAVES, AND THERMAL CURLING	225				
COMBOUTS AND HAIR STYLING TECHNIQUES	105				
SCALP TREATMENTS AND SCALP DISEASES	30				
FACIALS, EYEBROWS, AND ARCHES	40				
COSMETIC CHEMISTRY	25				
SALESMANSHIP AND SHOP MANAGEMENT	10				
SANITATION AND STERILIZATION	30				
ANATOMY	20				
STATE LAW	10				
MISCELLANEOUS LECTURES AND TEST REVIEW	580				

INSTRUCTION: <ul style="list-style-type: none"> 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 →
	DATE STUDENT WITHDREW/GRADUATED →

CONTRACTUAL FEES INFORMATION		I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT AND COMPLETE.			
<input type="checkbox"/> 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 examinations by the Board of Cosmetology and Barber Examiners. <input type="checkbox"/> This is to certify that the above named student entered into a contract with 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.	SIGNATURE OF SCHOOL OWNER OR AUTHORIZED PERSONNEL		NAME OF SCHOOL		
	NOTARY PUBLIC EMBOSSER 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)				