



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**APPLICATION FOR DUPLICATE ESTABLISHMENT  
 OR SCHOOL LICENSE**

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

**INSTRUCTIONS**

**This form is to be completed by all license holders requesting a duplicate license pursuant to 20 CSR 2085-4.030.**  
 I certify that my original establishment or school license has been destroyed, lost, mutilated beyond practical usage, or was never received, and is not in my possession. (I further understand that if at any time the original license should come into my possession, I will return the duplicate license to the Missouri State Board of Cosmetology and Barber Examiners.)

**CHECK APPROPRIATE BOX:**

- NO FEE DUPLICATE:** To obtain a duplicate license, a licensee must personally appear at the Board's office in Jefferson City. In addition to his/her appearance at the Board office, a licensee must produce the following items:  
 (A) One (1) form of identification as described in 20 CSR 2085-4.030; and  
 (B) Two (2) bust photographs of the licensee measuring approximately two inches (2" x 2") which have been taken within the last two (2) years.  
 (I understand that if I recover the license I will return the duplicate license to the Missouri State Board of Cosmetology and Barber Examiners.)
- \$10.00 DUPLICATE:** I have in my possession my original license (and wallet card, if applicable) and wish to make a change to my license. I am submitting to the Board my original license (and wallet card, if applicable) along with this completed application indicating the change(s) and \$10.00 fee.

**LICENSE TYPE**

**CHECK APPROPRIATE BOX:**

COSMETOLOGY ESTABLISHMENT       CROSSOVER ESTABLISHMENT       BARBER SCHOOL  
 BARBER ESTABLISHMENT       COSMETOLOGY SCHOOL       CROSSOVER SCHOOL

**LICENSEE INFORMATION**

|  |                             |                        |
|--|-----------------------------|------------------------|
| ESTABLISHMENT OR SCHOOL NAME   |                             | TELEPHONE NUMBER       |
| ADDRESS (NUMBER AND STREET, ROUTE, BOX NUMBER, CITY, STATE, ZIP CODE)          |                             |                        |
| COUNTY   | LICENSE NUMBER              |                        |
| APPLICANT NAME (FIRST, MIDDLE, LAST)   |                             | HOME TELEPHONE NUMBER  |
| LICENSED OPERATOR?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | LICENSE NUMBER<br>IF YES, ▶ | SOCIAL SECURITY NUMBER |

|   |                         |      |
|---|-------------------------|------|
| <b>MUST BE SIGNED IN PRESENCE OF NOTARY</b> | LICENSEE SIGNATURE<br>▶ | DATE |
|---|-------------------------|------|

**NOTARY INFORMATION**

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