



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**APPLICATION FOR TEMPORARY COURTESY LICENSE**  
**TO NONRESIDENT MILITARY SPOUSE**

BOARD OF COSMETOLOGY AND  
 BARBER EXAMINERS  
 PO BOX 1062  
 JEFFERSON CITY, MO 65102  
 1-866-762-9432 OR (573) 751-1052

**INSTRUCTIONS PLEASE TYPE OR PRINT LEGIBLY**

**Issuance of Temporary Courtesy License to Nonresident Military Spouse.**

The Board shall grant a temporary courtesy license to practice cosmetology/barbering without meeting further requirements for licensure to a "nonresident military spouse" as defined in 324.008.1, RSMo who provides the Board with the following:

1. Completed application on a form provided by the board;
2. Verification form provided by the Board, to be completed by the out-of-state licensing agency, verifying the cosmetology/barber training completed by the applicant and that the applicant is licensed in cosmetology/barbering in the state and that the license is current and in good standing;
3. Proof the applicant was engaged in the active practice of cosmetology/barbering for which the nonresident military spouse seeks a temporary courtesy license or certificate in a state, district, or territory of the United States for at least two of the five years immediately preceding the date of application under this section;
4. Proof of active military duty in Missouri;
5. Applicable Fee.

A temporary courtesy license issued under this section is valid for one hundred eighty (180) days from the date of issuance and may be extended for another one hundred eighty (180) days at the discretion of the applicable regulatory board of agency upon submission of a written request by the holder of the temporary courtesy license.

If the nonresident military spouse seeks full licensure in this state during the time while the temporary courtesy license is valid, applicant may request full licensure as set forth in 2085.7.030(1).

**Please return to: Board of Cosmetology and Barber Examiners, P.O. Box 1062, Jefferson City, Missouri 65102**

I HEREBY MAKE APPLICATION FOR LICENSE BY RECIPROCITY TO PRACTICE (CHECK LICENSE DESIRED)

<input type="checkbox"/> CLASS CA - HAIRDRESSING & MANICURING	<input type="checkbox"/> CLASS CH - HAIRDRESSING	<input type="checkbox"/> CLASS MO - MANICURISTS	<input type="checkbox"/> CLASS E - ESTHETICIAN
<input type="checkbox"/> BARBER	<input type="checkbox"/> BARBER INSTRUCTOR	<input type="checkbox"/> COSMETOLOGY INSTRUCTOR	

**APPLICANT PERSONAL DATA**

APPLICANT NAME (FIRST, MIDDLE, LAST)			MAIDEN
STREET/ROUTE/BOX NO.			
CITY		STATE	ZIP CODE
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	DATE OF BIRTH	AGE
EMAIL ADDRESS		<input type="checkbox"/> (OPTIONAL) I AUTHORIZE THE BOARD TO RELEASE MY EMAIL ADDRESS UPON REQUEST.	

**FORMAL HIGHSCHOOL EDUCATION**

GRADE COMPLETED <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED	GRADUATION DATE	NAME OF SCHOOL WHERE LAST GRADE COMPLETED	CITY & STATE
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**COSMETOLOGY/BARBER EDUCATION**

NUMBER TRAINING HOURS COMPLETED	NAME OF SCHOOL		
STREET/ROUTE/BOX NO.			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

**LICENSE INFORMATION**

STATE IN WHICH YOU HOLD A VALID LICENSE

LIST ANY PAST, CURRENT, OR PENDING DISCIPLINE OF YOUR PROFESSIONAL LICENSE(S) IN CURRENT STATE AND/OR OTHER STATES. INCLUDE DATES AND TERMS OF SUCH DISCIPLINE.

In the last ten (10) years have you ever been adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of this state or any other state or of the United States, whether or not sentence was imposed?  YES  NO

If yes, provide the date offense, court location, and case number on an attached document.

(a) Are you a United States Citizen otherwise lawfully present in the United States?  YES  NO

If you answered "No" to questions (a) above, please provide a detailed explanation.

Pursuant to Section 324.010 RSMo:  
 CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.  
*False statements are subject to criminal penalties and/or license discipline.*  
 If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

SIGNATURE OF APPLICANT	DATE
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**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)		


**EMPLOYEE INFORMATION**

NAME OF ESTABLISHMENT	LOCATION OF ESTABLISHMENT
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ESTABLISHMENT LICENSE NUMBER	ESTABLISHMENT TELEPHONE NUMBER
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ESTABLISHMENT OWNER NAME	DATES OF EMPLOYMENT FROM _____ TO _____
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This is to certify that the information given above is correct and that the applicant worked at a cosmetology/barber establishment during the time period listed.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	SIGNATURE OF EMPLOYER/ESTABLISHMENT OWNER	DATE
		

NOTARY PUBLIC EMBOSSER 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>	
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ESTABLISHMENT LICENSE NUMBER	ESTABLISHMENT TELEPHONE NUMBER
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ESTABLISHMENT OWNER NAME	DATES OF EMPLOYMENT FROM _____ TO _____
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This is to certify that the information given above is correct and that the applicant worked at a cosmetology/barber establishment during the time period listed.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	SIGNATURE OF EMPLOYER/SALON OWNER	DATE
		

NOTARY PUBLIC EMBOSSER 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)	

NAME OF ESTABLISHMENT	LOCATION OF ESTABLISHMENT
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ESTABLISHMENT LICENSE NUMBER	ESTABLISHMENT TELEPHONE NUMBER
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