



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR RECIPROCITY AS A
REGISTERED COSMETOLOGIST, BARBER AND/OR INSTRUCTOR

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

Any person who holds a valid current license issued by another state, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, may submit an application for a license in Missouri in the same occupation or profession, and at the same practice level, for which he or she holds the current license, along with proof of current licensure and proof of licensure for at least one year in the other jurisdiction, to the relevant oversight body in this state.

1. An affidavit completed by the state-licensing agency verifying the type of license held by the applicant in the state and that the license is active and in good standing. The affidavit **MUST** come directly from the other state board to Missouri State Board.
2. Applicant must attach two color passport type photographs, which have been taken within the past two years.
3. The reciprocity fee is \$100.00 for operators and instructors. Please make payment payable to the Board of Cosmetology and Barber Examiners.

(ALL FEES ARE NONREFUNDABLE)

4. State law test - must be completed online with a passing grade of 75%. (https://pr.mo.gov/cosbar-pin.asp#start_exam)
5. Proof of age - birth certificate or driver's license.

CONTACT INFORMATION (TYPE OR PRINT LEGIBLE IN INK)

NAME (LAST, FIRST, MI)	SOCIAL SECURITY #
MAILING ADDRESS OR PO BOX NUMBER	HOME PHONE #
CITY, STATE, ZIP CODE	DAYTIME PHONE #
EMAIL ADDRESS	DATE OF BIRTH

PLEASE SELECT THE CLASSIFICATION FOR WHICH YOU ARE APPLYING (Select one classification per application)

"Class CA - hairdressing and manicuring"
 "Class MO - manicurist"
 "Barber"
 "Class CH - hairdresser"
 "Class E - estheticians"
 "Instructor"

FORMAL HIGH SCHOOL 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

COSMETOLOGY/BARBER EDUCATION

TRAINING HOURS COMPLETED	SCHOOL/ESTABLISHMENT PHONE NUMBER	SCHOOL/ESTABLISHMENT NAME
ADDRESS		

CRIMINAL HISTORY

IN THE LAST TEN YEARS, HAVE YOU BEEN FINALLY ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONCONTENDERE, 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 (If no, please provide a detailed statement.)

APPLICATION CHECKLIST

Please initial that you have included the following documents with your application. Failure to provide any of the requested information will result in the application delayed in processing.

- _____ Completed, signed and notarized application.
- _____ An affidavit completed by the state-licensing agency verifying the type of license held by the applicant in the state and that the license is active and in good standing. The affidavit **MUST** come directly from the other state board to Missouri State Board.
- _____ Applicant must attach two color passport type photographs, which have been taken within the past two years.
- _____ The reciprocity fee is \$100.00 for operators and instructors. Please make payment payable to the Board of Cosmetology and Barber Examiners. **(ALL FEES ARE NONREFUNDABLE)**
- _____ State law test - must be completed online with a passing grade of 75%. (https://pr.mo.gov/cosbar-pin.asp#start_exam)
- _____ Proof of age - birth certificate or driver's license.
- _____ Email address for electronic correspondences.
- _____ Medical Exam (Barber Only)

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 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@doc.mo.gov.

SIGNATURE OF APPLICANT	DATE
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NOTARY INFORMATION

NOTARY PUBLIC EMBOSSEY 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)	

Tuck the corner of each passport photo under the die cuts below

