

**MISSOURI STATE BOARD OF COSMETOLOGY AND
BARBER EXAMINERS**

P. O. Box 1062, Jefferson City, MO 65102
(573) 751-1052

**APPLICATION TO
REACTIVATE INACTIVE LICENSE**

FEE: \$30.00

Applicant Name:	License Number:
Address:	Expiration Date:

Mandatory Social Security No. ____ - ____ - _____

IF YOUR NAME OR ADDRESS HAS CHANGED from that printed above on this notice, mark out and clearly print the new information.

REACTIVATION INSTRUCTIONS

**THE FOLLOWING QUESTIONS MUST BE ANSWERED.
FAILURE TO DO SO WILL CAUSE THE APPLICATION TO BE REJECTED AND
DELAY PROCESSING.**

1. Within the last 12 months, have you been charged in any criminal prosecution, or have you been adjudicated guilty or entered a plea of guilty or nolo contendere, in any criminal prosecution in Missouri, in any other state, or in a United States Court for a felony violation; or has your hairdressing and manicuring license been subject to disciplinary action by a board of Cosmetology in another state? YES _____ NO _____

If "yes" attach a statement of the details of such action on a separate sheet.

2. Identify perspective employer _____
Identify location and license number _____
(Put NA if not applicable)

I affirm, under penalties of perjury, that all of the information I have provided on this application to reactivate inactive license form, as well as those statements on any attachment(s) to this form, are accurate to the best of my knowledge.

Licensee Original Signature _____ Date: _____

Daytime Phone Number: _____

If you desire to reactivate your license, please check below and return this completed reactivation notice with the \$30.00 fee.

_____ I wish to reactivate my license. \$ 30.00 is enclosed.

**A LICENSE WILL NOT BE ISSUED WITHOUT THE INACTIVE LICENSE RETURNED,
CORRECT FEE, AND SUBMISSION OF THIS PROPERLY COMPLETED FORM.**