



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	
<p>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.</p> <ol style="list-style-type: none">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. <p>(ALL FEES ARE NONREFUNDABLE)</p> <ol style="list-style-type: none">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) Warren Tinika , S		SOCIAL SECURITY #	
MAILING ADDRESS OR PO BOX NUMBER 7437 Garners Ferry Road		HOME PHONE #	
CITY, STATE, ZIP CODE Columbia, South Carolina, 29209		DAYTIME PHONE # (803) 696-0544	
EMAIL ADDRESS spaglamlife@gmail.com		DATE OF BIRTH 05/26/1975	
PLEASE SELECT THE CLASSIFICATION FOR WHICH YOU ARE APPLYING (Select one classification per application)			
<input type="checkbox"/> "Class CA - hairdressing and manicuring" <input checked="" type="checkbox"/> "Class MO - manicurist" <input type="checkbox"/> "Barber"			
<input type="checkbox"/> "Class CH - hairdresser" <input type="checkbox"/> "Class E - estheticians" <input type="checkbox"/> "Instructor"			
FORMAL HIGH SCHOOL EDUCATION			
GRADE COMPLETED <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input type="checkbox"/> GED		GRADUATION DATE 08/01/2000	
NAME OF SCHOOL WHERE LAST GRADE COMPLETED James Madison High School		CITY & STATE Norcross, Georgia	
COSMETOLOGY/BARBER EDUCATION			
TRAINING HOURS COMPLETED 680	SCHOOL/ESTABLISHMENT PHONE NUMBER	SCHOOL/ESTABLISHMENT NAME Atlanta Beauty & Barber Academy	
ADDRESS 6088 Buford Hwy NE, Doraville, GA 30340			
CRIMINAL HISTORY			
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

TSW

Completed, signed and notarized application.

TSW

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.

TSW

Applicant must attach two color passport type photographs, which have been taken within the past two years.

TSW

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)**

TSW

State law test - must be completed online with a passing grade of 75%. (https://pr.mo.gov/cosbar-pin.asp#start_exam)

TSW

Proof of age - birth certificate or driver's license.

TSW

Email address for electronic correspondences.

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

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

