



KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

900 SW Jackson Street, Suite 507, Topeka, KS 66612

(785) 296-3053 | www.ksbtp.ks.gov

LICENSE RENEWAL FORM

Return the paper form if:

- 1) You prefer not to renew online **OR**
- 2) You want to change from Active to Inactive status **OR**
- 3) You have been convicted of a felony or had disciplinary or administrative action taken against your license in Kansas or any other jurisdiction since your last renewal.

MAIL COMPLETED RENEWAL FORM. INCOMPLETE FORMS WILL BE RETURNED.

Your current license to practice will expire soon. You must return this completed form with \$70 (made payable to: Kansas State Board of Technical Professions) by the expiration date to renew this license and maintain your license in good standing through the next licensure period. Failure to submit this renewal will result in cancellation of your license. You may not practice after your license expiration date. If you want confirmation of renewal, please provide an email address.

Please update the following information if necessary and indicate your preferred mailing address. Make the check payable to: *Kansas State Board of Technical Professions*. Note: Licensees aged 70 years or older at time of renewal pay a renewal fee of \$5.00.

License #: _____ Name: _____

Date of Birth: _____ Social Security #: _____ Preferred Mailing: _____
(70+ only \$5.00)

Home Address: _____
(Street Address) (City) (State) (Zip)

Cell: _____ Work: _____ Email: _____

Business Name: _____ Business Address: _____
(Street Address) (City) (State) (Zip)

STATEMENT OF CONTINUING EDUCATION COMPLIANCE:

A.) I have complied with the Board's requirements for 30 PDHs of continuing education to renew my license.

OR

I have NOT acquired the continuing education because of the following exemption:

This is the first renewal of my KANSAS license. KAR 66-14-6(a); **OR** INACTIVE status so not currently practicing/offering to practice a technical profession in Kansas. K.A.R. 66-6-10(b) (Biennial Renewal & Fee Still Required. *You may not practice in Kansas if you mark this option.*)

B.) Since your last renewal have you been convicted of a felony or had any disciplinary or administrative action taken against your license in Kansas or any other jurisdiction?

YES or NO. **If yes, provide explanation and supporting documentation.**

I have read and am familiar with the KSBTP Statutes and Rules and Regulations. I hereby certify that all statements in this renewal form are true and correct.



SIGNATURE

DATE