



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**PERSONAL CHARACTER LETTER OF REFERENCE**

BOARD OF COSMETOLOGY AND  
 BARBER EXAMINERS  
 P.O. BOX 1062  
 JEFFERSON CITY, MO 65102

**TO THE REFERENCE:**

The person who handed this reference letter to you has applied to this Board for registration as a cosmetology school owner.

In addition to the other supporting documents, each applicant is required to submit letters of reference from individuals who are thoroughly familiar with applicant and who can and are willing to give conscientious and accurate testimony concerning an applicant's experience, competency and character.

We understand that you are familiar with the applicant's character, reputation, general ability and work with which applicant has been connected.

In light of the above, the Board solicits your assistance in determining the applicant's fitness for licensing by answering frankly, carefully and fairly the questions below, accompanied by any supplemental information that you care to supply.

You are requested to provide full information as to data you may be able to furnish, both for the advantage of the applicant and the welfare of the public.

We appreciate the time and effort you have expended to assist the Board.

When this form has been completed by the applicant's REFERENCE, enclose it in the accompanying envelope, SECURELY SEAL, and hand it to the applicant.

**CONFIDENTIAL INFORMATION CONCERNING THE APPLICANT (CHARACTER REFERENCE)**

APPLICANT NAME (FIRST, MIDDLE, LAST)

1. WHAT IS YOUR PROFESSION?

2. ARE YOU RELATED TO THE APPLICANT?

YES  NO

3. DURING WHAT YEARS HAVE YOU KNOWN THE APPLICANT?

4. IS THE APPLICANT OF GOOD CHARACTER AND REPUTE?

YES  NO

5. TO WHAT DEGREE ARE YOU FAMILIAR WITH THE APPLICANT'S EXPERIENCE?

6. WOULD YOU EMPLOY THE APPLICANT IN A POSITION OF TRUST AND RESPONSIBILITY?

YES  NO

IF ANSWERED "NO," PLEASE EXPLAIN IN REMARKS SECTION BELOW.

**REMARKS**

SIGNATURE OF REFERENCE



DATE

ADDRESS

TELEPHONE NUMBER