



# Nevada State Board of Cosmetology

Las Vegas Office: 8945 West Russell Road, Suite 100, Las Vegas, NV 89148

Reno Office: 740 Del Monte Lane, Suite 12, Reno, NV 89511

[licensing@nvcosmo.com](http://licensing@nvcosmo.com)

## INDIVIDUAL APPLICATION

**If this application is incomplete it will be rejected. Payments submitted are NON Refundable.**

<p><b>1. Application Type</b></p> <p><input type="checkbox"/> Reciprocity Application - \$325.00*</p> <p><input type="checkbox"/> Out of Country Application - \$325.00*</p> <p><input type="checkbox"/> Testing Application - \$125.00*</p> <p><input type="checkbox"/> Hair Braiding Application - \$125.00*</p> <p><input type="checkbox"/> Shampoo Technologist Application - \$115.00* (including 2yr license fee)</p> <p><input type="checkbox"/> Application - (for reviewing documents) - \$15.00*</p> <p style="text-align: center;"><b>*NO CASH or PERSONAL CHECKS</b></p>	<p><b>2. Supporting Documents</b></p> <ol style="list-style-type: none"> <li>1- Passport Quality Photo</li> <li>2- Valid Government Issued ID Social Security Card or ITIN documentation</li> <li>3- License or Hour Certification (If required)</li> <li>4- Transcripts from Regulatory agency (If required)</li> <li>5- Passport Book (If required)</li> <li>6- Online Course Completion or 50 Hours in Approved Program (If required)</li> <li>7- Notarized Affidavit (Hair Braiding, Health Care Professional, Practical Experience)</li> </ol>
<p><b>3. Contact and Basic Information</b></p> <p>Social Security # or Individual Tax ID <input type="text"/></p> <p>Date of Birth <input type="text"/></p> <p>First Name <input type="text"/></p> <p>Middle Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>Zip Code <input type="text"/> City <input type="text"/> State <input type="text"/></p> <p>Cell Phone # <input type="text"/> Alt Phone # <input type="text"/></p> <p>Email <input type="text"/></p> <p>Name of High School <input type="text"/></p> <p>Highest Grade Completed in High School <input type="text"/></p> <p>Beauty School Attended <input type="text"/></p> <p>City and State or Country <input type="text"/></p> <p>Enrollment Date <input type="text"/></p> <p>Completion Date <input type="text"/></p>	<p><b>4. Questionnaire</b></p> <p><b>A-</b> Are you subject to a court order in regards to child support? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If Yes, answer A.1, if No, skip to B</i></p> <p><b>A.1-</b> Are you financially current with the Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If Yes, skip to B. If no, please contact us at <a href="mailto:info@nvcosmo.com">info@nvcosmo.com</a>.</i></p> <p><b>B-</b> Have you/spouse served in the United State military? <input type="checkbox"/> No <input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Both</p> <p><i>If answered No, skip to C. If Yes, complete B.1-B.3</i></p> <p><b>B.1-</b> Which Branch <input type="text"/></p> <p><b>B.2-</b> Occupation <input type="text"/></p> <p><b>B.3-</b> Service Dates <input type="text"/></p> <p><b>C-</b> Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If Yes, visit <a href="http://www.nvcosmo.com/felony-document-submission-form">www.nvcosmo.com/felony-document-submission-form</a> If no, skip to Section 5</i></p>
	<p><b>5. Reciprocity and Out of Country Application Information</b></p> <p>Licensing State/Country <input type="text"/></p> <p>License Type:</p> <p><input type="checkbox"/> Cosmetologist</p> <p><input type="checkbox"/> Esthetician</p> <p><input type="checkbox"/> Advanced Esthetician</p> <p><input type="checkbox"/> Nail Technologist</p> <p><input type="checkbox"/> Hair Designer</p> <p><input type="checkbox"/> Electrologist</p> <p><input type="checkbox"/> Instructor (Also select Primary License Type)</p> <p><input type="checkbox"/> Hair Braider</p> <p>Current License Number <input type="text"/></p> <p>Initial License Date <input type="text"/></p> <p>License Expiration Date <input type="text"/></p>

**6. Statement**

I affirm that I have (check below)

- I have completed the 10th grade or it's equivalency or 12th grade if applying for Electrologist or Instructor
- I have practiced Hair Braiding for at least 12 months on a family member at no charge.

The above selected Statement was affirmed as true and accurate.

Applicant Signature

Date

**7. Payment Information**

- Money Order     Cashier's Check     Business Check

Electronic-Fill out the information below

- Visa                       MasterCard                       Discover                       AmEx

Name on Card, if not you:

Full Billing Address of Cardholder

CC#  -  -  -

Exp. Date

CVV Code (on back)

**8. Authorization and Confirmation**

I affirm the information completed on this application is true and accurate. I authorize the Nevada State Board of Cosmetology, if electronic payment was selected, to charge the selected NON REFUNDABLE amount to the card provided.

Signature

Date