



Nevada State Board of Cosmetology

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

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

licensing@nvcosmo.com

SCHOOL LICENSE RENEWAL

This application is for a school license renewal. To complete this application, you must:

1- Pay Applicable Fee *** Please add \$50 late fee per month starting the day after your expiration date.

1. License Information: License # <input type="text"/> NV SOS # <input type="text"/>	2. Application Information: Please add \$50 per month late to the fees listed below. Please select whether you would like a 2 or 4 year license. <input type="checkbox"/> 2 Years (\$800.00) <input type="checkbox"/> 4 Years (\$1600.00)	Programs Taught: <input type="checkbox"/> Cosmetology <input type="checkbox"/> Advanced Esthetics ** <input type="checkbox"/> Nail Technology <input type="checkbox"/> Hair Design <input type="checkbox"/> Esthetics <input type="checkbox"/> Instructor ** Updated Health Care Professional Affidavit required
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3. School Name <input type="text"/> Physical Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Email Address <input type="text"/> Phone <input type="text"/>	School Owner #1 <input type="text"/> School Owner #2 <input type="text"/> School Owner #3 <input type="text"/> Registrar Name <input type="text"/> Registrar Email <input type="text"/> Registrar Phone <input type="text"/>
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4. Has the school mailing address changed since your last renewal? Yes, new address below: No, then skip.

Mailing Address Phone

City, Zip Code

5. Payment Information:

Cashier's Check Credit Card (enter info below) Money Order Business Check

Name on Card

Billing Address City Zip Code

CC# Exp. Date CVC

6. Instructors at School

Please list all the individual instructor license number(s) and licensee name(s) of each licensee that works at the school.

Instructor License #	Name	Instructor in Charge
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

AFFIRMATION STATEMENT:
 I affirm that the information completed and submitted with this application is true and accurate. I also affirm that I have read and understood the Nevada Revised Statutes (NRS) 644 and Nevada Administrative Code (NAC) 644 and that I will follow all laws and regulations detailed in NRS 644 and NAC 644.

School Owner Signature Date

School Owner Signature Date