



# NEVADA STATE BOARD OF COSMETOLOGY

Las Vegas Office  
8945 West Russell Road, Suite 200  
Las Vegas, Nevada 89148  
702.508.0015

Reno Office  
740 Del Monte Lane, Suite 12 Reno,  
Nevada 89511  
775.688.1442

www.nvcosmo.com

## MAKEUP ARTIST REGISTRATION/ THREADER REGISTRATION

### Items required to complete this application:

- Complete this form
- Submit \$25.00 by cashier's check/money order/credit card
- 2 Current Passport photos
- Copy of Valid Government-Issued ID (driver's license, Passport, etc.)
- Copy of Authorization to Work in US (Social Security Card, Alien Registration, Visa, etc.)

#### Makeup Artist only:

- Signature of the applicant's Affirmed Statements for being 18 years of age or older, good moral character, and citizen of the United States or lawfully entitled to remain and work in the United States.

### PAYMENT INFORMATION

I am paying for this registration using a:  Cashier's Check  Money Order  Credit Card (listed below)

If paying by Credit Card, enter information below:

Card Type:  Visa  MasterCard  American Express  Discover

Name on Card

Billing Address  City  State  Zip

Credit Card # (16 digits)  Expiration Date  CVV Code (on back)

**APPLICANT INFORMATION** Are you a U.S. Citizen:  Yes  No **APPLICATION TYPE**  Makeup Artist  Threader

Social Security #  Date of Birth  Birth Country

First Name  Middle Name  Last Name

Mailing Address  Apt/Suite

City  State  Zip Code

County  Phone #  Work #

Email Address

### COSMETOLOGICAL ESTABLISHMENTS

Please list the salon name and salon license number of each salon that you will perform Makeup Artistry or Threading services. You must list the salons below, if the section below is incomplete, the application cannot be processed.

SALON LICENSE #	SALON NAME

### APPLICANT SIGNATURE

Signature

Date

MAKEUP ARTIST CONTINUE ON BACK

MAKEUP ARTIST CONTINUE ON BACK

MAKEUP ARTIST CONTINUE ON BACK

## COMPLETE THIS PAGE (Makeup Artist only)

### 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 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.

I affirm, that I have completed at least the 10th grade or its equivalent, that I have proper work authorization, and that I am of good moral character.

### HIGH SCHOOL AFFIDAVIT

I have completed at least two (2) years of high school (10th Grade).  Yes  No

### CHILD SUPPORT INFORMATION

Please mark the appropriate response. **Note:** *Failure to answer the questions below will result in denial of the application. If you are not in compliance with a court order, please do not submit the application. Please contact the district attorney or other public agency enforcing the order.*

I am subject to a court order that requires me to pay for the support of one or more children.  Yes  No

I am in compliance with that court order. (If you answered 'No' to the question above mark N/A).  Yes  No  NA

### FELONY INFORMATION

Have you ever been convicted of a felony?  Yes  No

If you answered 'yes' to the question above, please provide any court documents, statements, and other information pertaining to the felony conviction for Board review.

### WORK AUTHORIZATION

I am a citizen of the United States or I am lawfully entitled to remain and work in the United States.  Yes  No

has affirmed that the statements listed above are true in every respect and the information provided on the application and within are true and accurate.

---

Name of Applicant