



# 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](mailto:licensing@nvcosmo.com)

## INDIVIDUAL APPLICATION

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

### 1. Application Type

- Reciprocity Application - \$325.00\*
- Out of Country Application - \$325.00\*
- Testing Application - \$125.00\*
- Hair Braiding Application - \$125.00\*
- Shampoo Technologist Application - \$115.00\* (including 2yr license fee)

**\*NO CASH or PERSONAL CHECKS**

### 3. Contact and Basic Information

Social Security # or Individual Tax ID

Date of Birth

First Name

Middle Name

Last Name

Address

Zip Code  City  State

Cell Phone #  Alt Phone #

Email

Name of High School

Highest Grade Completed in High School

Beauty School Attended

City and State or Country

Enrollment Date

Completion Date

### 2. Supporting Documents

- 1- Passport Quality Photo
- 2- Valid Government Issued ID
- 3- Social Security Card or ITIN documentation
- 4- License or Hour Certification (If required)
- 5- Transcripts from Regulatory agency (If required)
- 6- Passport Book (If required)
- 7- Online Course Completion or 50 Hours in Approved Program (If required)
- 8- Notarized Affidavit (Hair Braiding only)

### 4. Questionnaire

**A-** Are you subject to a court order in regards to child support?  Yes  No

**If Yes, answer A.1, if No, skip to B**

**A.1-** Are you financially current with the Court Order?  Yes  No

**If Yes, skip to B. If no, please contact us at [info@nvcosmo.com](mailto:info@nvcosmo.com).**

**B-** Have you/spouse served in the United State military?

- No  Applicant  Spouse  Both

**If answered No, skip to C. If Yes, complete B.1-B.3**

**B.1-** Which Branch

**B.2-** Occupation

**B.3-** Service Dates

**C-** Have you ever been convicted of a felony?

- Yes  No

**If Yes, visit [www.nvcosmo.com/felony-document-submission-form](http://www.nvcosmo.com/felony-document-submission-form)**

**If no, skip to Section 5**

### 5. Reciprocity and Out of Country Application Information

Licensing State/Country

License Type:

- Cosmetologist
- Esthetician
- Advanced Esthetician
- Nail Technologist
- Hair Designer
- Electrologist
- Instructor (Also select Primary License Type)
- Hair Braider

Current License Number

Initial License Date

License Expiration Date

**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