



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

info@nvcosmo.com

DUPLICATE LICENSE APPLICATION

This application is for an active duplicate license for individuals and salons. Please review the requirement checklist #2.

1. Basic Information

License Number

Social Security #

Email

Has your name or address changed? Yes No

If Yes, answer 3. If no, skip to 4.

3. Contact Information

Name

Address

Zip Code City State

Cell Phone # Alt Phone #

2. Requirement Checklist

1) A \$25 duplicate license fee payable by credit card, money order, or business check.

2) If your name has changed please provide proof of legal name change; ie. marriage certificate, divorce decree, or citizenship papers.

4. Work Location(s) for Individual License

Salon License #	Salon Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

5. Payment Information

Electronic Money Order If Electronic: Visa MasterCard Discover AmEx

Name on Card

Billing Address

Credit Card # (16 digits) Exp. Date CVW Code (on back)

6. 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 amount to the card provided.

Signature

Date