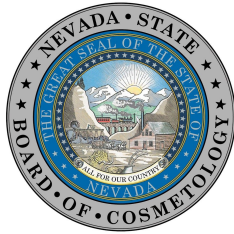


State of Nevada  
Board of Cosmetology  
8945 W. Russell Rd #200  
Las Vegas, NV 89148  
Phone (702) 508-0015



State of Nevada  
Board of Cosmetology  
740 Del Monte Lane, Ste. 12  
Reno, NV 89511  
Phone (775) 688-1442

www.nvcosmo.com

## Affidavit for Hair Braiding Licensure Application

I, \_\_\_\_\_ do hereby declare that I have practiced  
(print name)

Hair Braiding in the State of Nevada without a license and without charging a fee for  
at least one year on a person who is related to me within the sixth degree of consanguinity.

Name of relative for whom I performed Hair Braiding \_\_\_\_\_

Relationship of this person to me \_\_\_\_\_

Dates of service provided. (From) \_\_\_\_\_ (To) \_\_\_\_\_.

I understand that providing false or untrue information in any part of my application to the Board for licensure is fraudulent misrepresentation and grounds for disciplinary action by the Board pursuant to NRS 644.430. I also understand that, if the Board finds that grounds for disciplinary action exist, NRS 644.430 permits the Board to order any of the following disciplinary sanctions: refuse to issue or renew a license, revoke or suspend a license, place a licensee on probation, impose a fine of not more than \$2,000, or any combination of these actions.

With this knowledge, I swear or affirm that the information I have provided above is true and correct.

\_\_\_\_\_  
(Signature of Applicant, Notary Required)

\_\_\_\_\_  
(Date)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public's Signature and Seal \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_