



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

www.nvcosmo.com

702-508-0015

INDIVIDUAL LICENSE RENEWAL

This application is for an individual license renewal and must be completed in full.

1- Include a 2X2 Passport-sized Photo (Include Photo if mailing)

2- Complete the Infection Prevention Course on our website: <https://online.renewal.nvcosmboard.com/> (Must click the NEXT button after exam to submit)

3- Pay Applicable Fee(s)

Please add \$20 per month late to the fees listed here:
Late fees start day after license is due

2 Years (\$70.00)

4 Years (\$140.00)

1. Contact Information:

Must Complete Each Section of this Form

SSN/ITIN

License #

1.A. Has your name changed? If yes, what is your current name and please provide official documentation of the name change. (Court Order, Marriage License/Certificate, Government-Issued ID)

Current First Name Middle Name Current Last Name

1.B. Current Mailing Address:

Street Address Zip Code

City State Cell Phone

Email Address

3. Child Support: A) Are you subject to pay court ordered child support? Yes No

B) If YES, are you financially current with order? Yes No

C) If Not current, please email us at: info@nvcosmo.com before completing the license renewal.

4. Military Service: A) Have you or your spouse ever served in the military? No Yes Spouse Both

Branch Occupation Enlist Date Discharge Date

5. Legal information: Since your last renewal, has your professional license been denied, restricted, suspended or revoked OR

Since your last renewal, have you been convicted of, or pled guilty or nolo contendere to a felony? Yes No

If YES, to either of these questions, please email us at: info@nvcosmo.com before completing the license renewal.

6. Work Location(s):

Provide the Salon License # and Name.

Salon License #

Salon License #

NOTE: All salons begin with "S-####"

Salon Name

Salon Name

7. Payment Information:

Electronic Money Order If Electronic: Visa MasterCard Discover AmEx

Name on Card, if not you:

Full Mailing Address of Cardholder

CC # CVC# Exp. Date

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 amount to the card provided.

Signature

Date