



NEVADA STATE BOARD OF COSMETOLOGY

Las Vegas Office
8945 West Russell Road, Suite 100
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 CVW 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

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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