



# Nevada State Board of Cosmetology

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## 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