



Nevada State Board of Cosmetology

Las Vegas Office: 8945 West Russell Road, Suite 100, Las Vegas, NV 89148

Reno Office: 4600 Kietzke Lane, Building O, Suite 262, Reno, NV 89502

licensing@nvcosmo.com

INDIVIDUAL APPLICATION

If you haven't done so, please review the Individual Application Information Guide to ensure there are no delays in getting you licensed.

1. Application Type

- Reciprocity Application - \$325.00*
- Out of Country Application - \$325.00*
- Nevada Student Testing Application - \$125.00*
- Out of State Testing Application - \$125.00*
- Hair Braiding Application - \$125.00*
- Shampoo Technologist Application - \$115.00 (including 2yr license fee)

***All Fees are NON REFUNDABLE**

3. Contact and Basic Information

Social Security # or Individual Tax ID

Date of Birth

First Name

Middle Name

Last Name

Street Address

Zip Code City State

Cell Phone # Alt Phone #

Email

High School

Highest Grade Completed

5. Reciprocity and Out of Country Application Information

Licensing State

License Type?

Cosmetologist Hair Designer Hair Braider

Esthetician Electrologist

Nail Technologist Instructor (Also select Primary License Type)

Current License Number

License Expiration Date

Beauty School Attended

- 1-Passport Photo
- 2- Valid Government Issued ID
- 3- Work Authorization or ITIN documentation
- 4- License Certification (If required)
- 5- Current License (If out of State)
- 6-Transcripts (If required)
- 7-Passport Book (If required)
- 8- Completion Form (If required)
- 9- Online Course Completion (If required)
- 10- 50 Hours in Approved Program (If required)

4. Questionnaire

A- Are you subject to a court order in regards to child support? Yes No

If Yes, answer A.1, if No, skip to B

A.1- Are you financially current with the Court Order? Yes No

If Yes, skip to B. If no, please contact us at info@nvcosmo.com.

B- Are you a United States Citizen? Yes No

If Yes, then skip to C. If No, answer B.1 and B.2

B.1- Country of Citizenship

B.2- Work Authorization Expiration Date
(If applicable)

C- Have you/spouse served in the United State military?

No Applicant Spouse Both

If answered No, skip to D. If Yes, complete C.1-C.3

C.1- Which Branch?

C.2- Occupation

C.3- Service Dates

D- Have you ever been convicted of a felony? Yes No

If Yes, answer all questions below. If No, then skip to Section 5

D.1- Date of Act

D.2- Conviction Date

D.3- Sentence End Date

D.4- Are you on parole/probation? Yes No
If Yes, answer D.5

D.5- Parole/Probation End Date

If you have been convicted of a felony, you must submit the Court Order and Final Judgement. If you are on parole, a status letter must be provided.

6- School/Education Information

Cosmetology School

Program(s) Completed?

Cosmetologist Hair Designer Hair Braider
 Esthetician Electrologist Student Instructor
 Nail Technologist PIL Instructor

Enrollment Date

Graduation Date

7. Work Location(s)

| Salon License # | Salon Name |
|-----------------|------------|
| | |
| | |
| | |
| | |
| | |

8. Test Information If you are a Reciprocity Applicant or Shampoo Technologist Applicant, you do not need to schedule for the test.Las Vegas Testing

Select day preference:

 Tuesday Wednesday
Reno Testing

Select day preference:

 Tuesday Wednesday Thursday
9. Statement

I affirm that I have (check below) 1- Completed the Education Requirements of 10th Grade, or its equal, and/or 2- Practiced Hair Braiding for at least one year, at no charge, on a family member.

1- I have completed the 10th grade (12th for Electrologist/Instructor Applicant) 2- I have practiced Hair Braiding for at least one year on family members.

The above selected Statement was affirmed as true and accurate.

Applicant Signature

Date

10. Payment Information

Electronic Money Order If Electronic: Visa MasterCard Discover AmEx

Name on Card, if not you: Full Billing Address of Cardholder

CC# Exp. Date CVW Code (on back)

11. 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 NON REFUNDABLE amount to the card provided.

Signature Date