

State of Nevada
Board of Cosmetology
 1785 E. Sahara, #255
 Las Vegas, NV 89104
 Phone (702) 486-6542
 Fax (702) 369-8064



State of Nevada
Board of Cosmetology
 4600 Kietzke Lane Bldg K Suite 221
 Reno, NV 89502
 Phone (775) 688-1442
 Fax (775) 688-1441

AFFIDAVIT FOR DUPLICATE LICENSE OR RENEWAL

IMPORTANT! THIS FORM MUST BE NOTARIZED!

Please print the information below:

DATE: _____ PN#: S- _____
 SALON NAME: _____
 ADDRESS: _____
 SALON OWNER: _____
 SALON PHONE NUMBER: _____
 COSMO IN CHARGE: _____
 SERVICES OFFERED: _____

Please check one:

RENEWAL OR **DUPLICATE**

1. Complete, sign and have this affidavit notarized.
2. Send a **MONEY ORDER** or **CASHIER'S CHECK** for \$ _____ (no cash or personal check)

*** Duplicate licenses are \$25

NOTATION:

**** LATE FEES: \$20 per month or fraction

CHILD SUPPORT INFORMATION

Please mark the appropriate response (**failure to mark one of the three boxes will result in denial of the application/renewal**):

- I am **not** subject to a court order for the support of a child.
 I **am subject to** a court order for the support of one or more children **and am in compliance** with the order or **am in compliance** with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
 I **am subject to** a court order for the support of one or more children **and am NOT in compliance** with the order or **am NOT in compliance** with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Licensee's Social Security number: _____ Date: _____

Signature of Licensee: _____

Pursuant to NRS 644.212 and NRS 644.214 "Any applicant for the issuance or renewal of a license or evidence of registration issued pursuant to NRS 644.190 to 644.330, inclusive, shall submit to the board the statement prescribed by the welfare division of the department of human resources pursuant to NRS 625.520. The statement must be completed and signed by the applicant." "and must include the social security number of the applicant."

SALON RENEWAL / DUPLICATE AFFIDAVIT: NOTARY REQUIRED

STATE OF _____)
 COUNTY OF _____)

_____, affiant, being first duly sworn deposes and says; That he/she was last licensed (FULL NAME OF LICENSEE) by the Nevada State Board of Cosmetology for the year of ____/____; and that the aforementioned license or renewal application Issued by the board was _____

(LOST, MISPLACED, DETROYED, OR STOLEN)

by affiant, and after diligent search affiant has been unable to locate the aforementioned license or renewal application; that affiant does not know the location of the aforementioned license or renewal application; that affiant has not at any time given, loaned or transferred the aforementioned license or renewal application to any other person or firm for any purpose whatsoever; that affiant has not at any time allowed any person or firm to work under the aforementioned license; that affiant now desires the board to issue a duplicate license to replace or renew the aforementioned license or renewal application; that affiant has been advised that the Nevada State Board of Cosmetology has determined that a false affidavit in application for a duplicate license or renewal of a license by a licensee of the board is grounds for revocation of any license issued by the board; and that if the aforementioned license or renewal application is found by affiant, affiant will immediately return it to the main office of the Nevada State Board of Cosmetology by registered mail.

 Signature of Licensee

Subscribed and sworn to before me this _____ day of _____,

Notary Public's Signature: _____

Office Use Only	Received <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Receipt # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Amount Paid <input style="width: 50px;" type="text"/>
M M D D Y Y Y Y			
<input type="checkbox"/> Cashier's Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Business Check <input type="checkbox"/> Voucher