

**State of Nevada**  
**Board of Cosmetology**  
1785 E. Sahara, #255  
Las Vegas, NV 89104  
Phone (702) 486-6542  
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**State of Nevada**  
**Board of Cosmetology**  
4600 Kietzke Lane Bldg O Suite 262  
Reno, NV 89502  
Phone (775) 688-1442  
Fax (775) 688-1441

**CERTIFICATION REQUEST FORM**

**IMPORTANT! ORIGINAL CERTIFICATIONS WILL ONLY BE SENT TO STATE BOARDS**

DATE: \_\_\_\_\_

I am requesting a certification of my Nevada licensing records to be sent to the State of \_\_\_\_\_.  
I am also requesting a copy to be sent to me  Yes  No

The following is information needed to properly insure that your records are pulled to obtain the certification:

My full name: \_\_\_\_\_

My current address: \_\_\_\_\_  
\_\_\_\_\_

My birth date: \_\_\_\_\_ Phone #: \_\_\_\_\_ Social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hold a license as: \_\_\_\_\_ and my PN# is: \_\_\_\_\_ (the number in the box just above your picture)  
\_\_\_\_\_ Cosmetologist  
\_\_\_\_\_ Hair designer  
\_\_\_\_\_ Nail Technologist  
\_\_\_\_\_ Aesthetician  
\_\_\_\_\_ Electrologist  
\_\_\_\_\_ Instructor  
\_\_\_\_\_ Hair Braiding

My license expires: \_\_\_\_\_

Other names I've used are: \_\_\_\_\_

I don't have a license, but I do want a certification of my hours in Nevada: \_\_\_\_\_ YES/NO

The name of my beauty school: \_\_\_\_\_ City: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Approximate hours: \_\_\_\_\_ Date examined: \_\_\_\_\_

Signature: \_\_\_\_\_

Enclose the **\$10.00** fee for the certification. (**Money order or Cashier's check only**) **NO PERSONAL CHECKS OR CASH.**

**\*\*Please allow up to 30 days for processing\*\***

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FOR OFFICE USE ONLY BELOW THIS LINE  
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Date: \_\_\_\_\_ Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_  
Entity # \_\_\_\_\_ File# \_\_\_\_\_ Receipt # \_\_\_\_\_