



NEVADA STATE BOARD OF COSMETOLOGY

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Affidavit for Hair Braiding Licensure Application

I, _____ do hereby declare that I have practiced
(print name)

Hair Braiding in the State of Nevada without a license and without charging a fee for at least one year on a person who is related to me within the sixth degree of consanguinity.

Name of relative for whom I performed Hair Braiding _____

Relationship of this person to me _____

Dates of service provided. (From) _____ (To) _____.

I understand that providing false or untrue information in any part of my application to the Board for licensure is fraudulent misrepresentation and grounds for disciplinary action by the Board pursuant to NRS 644.430. I also understand that, if the Board finds that grounds for disciplinary action exist, NRS 644.430 permits the Board to order any of the following disciplinary sanctions: refuse to issue or renew a license, revoke or suspend a license, place a licensee on probation, impose a fine of not more than \$2,000, or any combination of these actions.

With this knowledge, I swear or affirm that the information I have provided above is true and correct.

(Signature of Applicant, Notary Required)

(Date)

Subscribed and sworn to before me this _____ day of _____

Notary Public's Signature and Seal _____

County of _____ State of _____