Nevada State Board of Cosmetology

Las Vegas Office: 1785 East Sahara Avenue, Suite 255, Las Vegas, NV 89104
Reno Office: 4600 Kietzke Lane, Building O, Suite 262, Reno, NV 89502
licensing@nvcosmo.com

INDIVIDUAL LICENSE RENEWAL

This application is for an individual license renewal. To complete this application, you must :
1- Submit a 2X2 Passport-sized Photo (Include Photo if mailing)
2- Complete the Infection Control Course on our website: *http://www.brainshark.com/nvcosmobd/NVBC_Infection_Control* (Include Course Certificate if mailing)
3- Complete this Child Support Questionnaire on this Application
4- Pay Applicable Fee *** Please add $20 late fee per month starting the day after your expiration date.

1. Contact Information:

SSN

License #

2. Application Information: ***Please add $20 per month late to the fees listed below.

Please select whether you would like a 2 or 4 year license and/or if a DUPLICATE license is requested:

◯ 2 Years ($70.00) ◯ 2 Years with a DUPLICATE ($95.00)
◯ 4 Years ($140.00) ◯ 4 Years with a DUPLICATE ($165.00)

1.A. Has your name changed? *If yes, what is your current name and please provide official documentation of the name change. (Court Order, Marriage License/Certificate, Government-Issued ID)*

◯ Yes, current name below: ◯ No, then skip.

Current First Name Current Middle Name Current Last Name

1.B. Has your address changed since your last renewal?

◯ Yes, new address below: ◯ No, then skip.

Street Address Zip Code

City State Cell Phone

Email Address

3. Child Support Questionnaire: **Must Answer this Section**

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

4. Work Location(s): Please provide the Salon License # and Name. NOTE: All salons begin with "S-#####"

Salon Work Location # 1	Salon Work Location # 2	Salon Work Location # 3
Salon License #	Salon License #	Salon License #
Salon Name	Salon Name	Salon Name

5. Payment Information:

◯ Electronic ◯ Money Order If Electronic: ◯ Visa ◯ MasterCard ◯ Discover ◯ AmEx

Name on Card, if not you:

Full Mailing Address of Cardholder

CC # Exp. Date

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