NEVADA STATE BOARD OF COSMETOLOGY

Las Vegas Office
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Las Vegas, Nevada 89104
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4600 Kietzke Lane-Building 0, Suite 262
Reno, Nevada 89502
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LIMITED LICENSE APPLICATION

Items required to complete this application:

- ☐ Complete this form
- ☐ Submit $100.00 by cashier's check/money order/credit card
- ☐ 2 Current Passport photos
- ☐ Copy/Photo of License from state currently licensed.
- ☐ Copy of US Passport, Government issued ID, or a valid driver's license.
- ☐ If Out of State License, please provide the temporary hire letter or other documentation from the venue.
- ☐ If you are not a US Citizen, you must include one copy of your foreign birth certificate translated in English *or* foreign passport **AND** a copy of your US Resident Card, Work Visa, or other official US documentation granting you work authorization in the US

APPLICANT INFORMATION

Social Security # _____ Date of Birth _____

First Name _____ Middle Name _____ Last Name _____

Mailing Address _____ Apt/Suite _____

City _____ State _____ Zip Code _____

County _____ Cell Phone # _____ Alt. Phone # _____

Email Address _____

QUESTIONNAIRE

Are you a U.S. Citizen: ◯ Yes ◯ No

If no, please enter Work Authorization Expiration Date _____

LICENSE INFORMATION

Licensing State _____ License Type _____

License Number _____ License Expiration Date _____

WORK LOCATIONS

1. Date/Time of Service _____ Location/Venue Name _____

   Location / Venue Address _____

   City _____ State _____ Zip Code _____

2. Date/Time of Service _____ Location/Venue Name _____

   Location / Venue Address _____

   City _____ State _____ Zip Code _____

3. Date/Time of Service _____ Location/Venue Name _____

   Location / Venue Address _____

   City _____ State _____ Zip Code _____

4. Date/Time of Service _____ Location/Venue Name _____

   Location / Venue Address _____

   City _____ State _____ Zip Code _____

5. Date/Time of Service _____ Location/Venue Name _____

   Location / Venue Address _____

   City _____ State _____ Zip Code _____

(If you need to list more, please email to license@nvcosmo.com)

APPLICANT SIGNATURE

Applicant Signature _____ Date _____

PAYMENT INFORMATION

I am paying for this application using a: ◯ Cashier's Check ◯ Credit Card (listed below) ◯ Money Order

If paying by Credit Card, enter information below:

Card Type: ◯ Visa ◯ MasterCard ◯ American Express ◯ Discover

Name on Card _____

Billing Address _____ City _____ State _____ Zip _____

Credit Card # (16 digits) _____ CCV Code(on back) _____ Expiration Date _____