Nevada State Board of Cosmetology

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Reno Office: 4600 Kietzke Lane, Building O, Suite 262, Reno, NV 89502
licensing@nvcosmo.com

DUPLICATE LICENSE APPLICATION

This application is for an active duplicate license for individuals and salons. Please review the requirement checklist #2.

1. Basic Information

License Number

Social Security #

Email

Has your name or address changed? ◯ Yes ◯ No

If Yes, answer 3. If no, skip to 4.

2. Requirement Checklist

1) A $25 duplicate license fee payable by credit card, money order, or business check.

2) If your name has changed please provide proof of legal name change; ie. marriage certificate, divorce decree, or citizenship papers.

3. Contact Information

Name

Address

Zip Code City State

Cell Phone # Alt Phone #

4. Work Location(s) for Individual License

Salon License #	Salon Name

5. Payment Information

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

Name on Card

Billing Address

Credit Card # (16 digits) 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