

Nevada State Board of Cosmetology
1785 E Sahara Avenue
Suite 255
Las Vegas, NV 89104
(702) 486-6542



Nevada State Board of Cosmetology
4600 Kietzke Lane
Building O, Suite 262
Reno, NV 89502
(775) 687-2010

www.cosmetology.nv.gov

PROCEDURES TO FOLLOW WHEN FILING A PETITION TO APPEAR

1. The yearly meeting schedule for the Board of Cosmetology can be accessed with the link below.*
2. Notice the filing deadline date required for the petition to be heard at that meeting. Any petition received after the deadline date will be moved to the following Board meeting.
3. When completing this form please print. It is essential that all parties can easily read this form.
4. State the facts and details of your petition. The Board needs to clearly understand your request. Please provide as much information as possible.
5. Return this original petition form to either office address noted above.
6. Do not submit this petition without all supporting documentation and/or hand out information.
7. Once this form is received by our office, it will be reviewed pursuant to your request. You will receive a notice from our office indicating the time and location of the meeting.
8. On the meeting day, you will be given approximately 10 minutes on the agenda to discuss your matter of interest.

Should you have any questions regarding these procedures, please contact either of our offices as noted above.

Nevada State Board of Cosmetology

Meeting Schedule:

* http://cosmetology.nv.gov/About/Meeting_Schedule/

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PETITION TO APPEAR

I am requesting that I be granted time to appear before the Nevada State Board of Cosmetology at the next Board meeting to discuss and consider the following:

Please print clearly the topic(s) you wish to discuss before the Board (submit additional sheets if needed):

Please print clearly the action(s) you wish the Board to take (submit additional sheets if needed):

CURRENT MAILING ADDRESS

Name: _____

Business Name: _____

License Number (if applicable) _____

Address: _____ Apt/Suite _____

City: _____

State: _____ Zip Code: _____

Telephone Numbers: 1) _____ 2) _____

Email: _____