NEVADA STATE BOARD OF COSMETOLOGY

Las Vegas Office
1785 E. Sahara Avenue, Suite 255
Las Vegas, Nevada 89104
702.486.6542

Reno Office
4600 Kietzke Lane-Building 0, Suite 262
Reno, Nevada 89502
775.688.1442

www.cosmetology.nv.gov

IN-STATE TESTING APPLICATION

Items required to complete this application:

- ☐ Complete this form
- ☐ 2 Current Passport photos
- ☐ Notary Stamp/Signature
- ☐ Submit $125.00 by cashier's check/money order/credit card — $15 Application Request; $110 Testing Fee
- ☐ Copy of US Passport, Birth Certificate, or Nevada Voter Registration
- ☐ Proof of legal name change, if applicable
- ☐ 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

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 _____

Card Billing Address _____ Apt/Suite _____

City _____ State _____ Zip Code _____

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

MILITARY QUESTIONNAIRE

Have you ever served in the U.S. Military? ◯ Yes ◯ No

If yes, what branch? _____ Military Occupation _____ Dates of Service _____

APPLICANT INFORMATION

Are you a U.S. Citizen: ◯ Yes ◯ No Cosmetology School Attended _____

Check your profession: ◯ Cosmetologist ◯ Nail Technologist ◯ Aesthetician ◯ Instructor ◯ Hair Designer ◯ Hair Braider ◯ Electrologist ◯ Cosmetic Demonstrator

I wish to take the National Written Exam in: ◯ English ◯ Spanish ◯ Vietnamese ◯ Korean

If available, I would like to take my exam: ◯ Next Available ◯ 2-4 Weeks ◯ 4-8 Weeks

Social Security # _____ Date of Birth _____ Birth Country _____

First Name _____ Middle Name _____ Last Name _____

Mailing Address _____ Apt/Suite _____

City _____ State _____ Zip Code _____

County _____ Phone # _____ Work # _____

Email Address _____

CONTINUE ON BACK ***CONTINUE ON BACK*** ***CONTINUE ON BACK***

COMPLETE THIS PAGE IN THE PRESENCE OF A NOTARY

AFFIRMATION STATEMENT

I affirm that the information completed and submitted with this application is true and accurate. I also affirm that I have read and understood Nevada Revised Statutes (NRS) 644 and Nevada Administrative Code (NAC) 644 and that I will follow all laws and regulations detailed in NRS 644 and NAC 644. I further affirm that I am competent and physically able to perform the functions allowed within NRS 644 and NAC 644 in regards to my licensed profession.

I affirm, in the presence of a notary, that I have completed the 10th grade or its equivalent (12th grade if applying to be an electrologist).

HIGH SCHOOL AFFIDAVIT

Did you complete high school, obtain a GED or pass an Ability to Benefit (ABT) exam? ◯ Yes ◯ No

If you answered 'no' to the question above, please list the highest grade completed _____

CHILD SUPPORT INFORMATION

Please mark the appropriate response. ***Note:*** *Failure to answer the questions below will result in denial of the application. If you are not in compliance with a court order, please do not submit the application. Please contact the district attorney or other public agency enforcing the order.*

I am subject to a court order that requires me to pay for the support of one or more children. ◯ Yes ◯ No

I am in compliance with that court order. (If you answered 'No' to the question above mark N/A). ◯ Yes ◯ No ◯ NA

FELONY INFORMATION

Have you ever been convicted of a felony? ◯ Yes ◯ No

If you answered 'yes' to the question above, please provide any court documents, statements, and other information pertaining to the felony conviction for Board review.

APPLICANT SIGNATURE

Applicant Signature _____ Date _____

NOTARY

STATE OF _____

COUNTY OF _____

_____ has affirmed after being duly sworn that the statements listed above are true in every respect and the information provided on the application and within are true and accurate.
Name of Applicant

Subscribed and sworn to before me on _____ of _____, _____.
Day Month Year

Place Notary Stamp in This Box.

Notary Signature _____

TRANSLATION SERVICES

Las Vegas Area

8th District Court-Interpreters and Translators-(702) 671-4578

Reno/Carson City Area

The Language Connection-(775) 323-7883
Nevada Hispanic Services-(775) 826-1818
U.N.R. Language Bank- (775) 784-7515 ext: 227

STUDY GUIDE INFORMATION

Scan the QR barcode or visit the website below for testing information.

NIC Written/Practical
www.nictesting.org/testing-program/

Nevada State Law
www.cosmetology.nv.gov/resources/testingguidelines/