



MASTER LICENSE WORK EXPERIENCE AFFIDAVIT

NORTH DAKOTA STATE BOARD OF COSMETOLOGY

SFN 50927 (09-2021)

- Submit completed application and license fee of \$25 to the State Board of Cosmetology.
****No payment will be accepted without a complete application.****
- Employee must have practiced as a licensed cosmetologist, esthetician, or manicurist for 1000 hours in a licensed salon.

APPLICANT INFORMATION

Name	License Number	Telephone Number	
Address	City	State	ZIP Code
Master License Applying for <input type="checkbox"/> Cosmetology <input type="checkbox"/> Esthetician <input type="checkbox"/> Manicure			
In the past 5 years, have you been charged or convicted of an offense other than a minor traffic violation? <input type="checkbox"/> No <input type="checkbox"/> Yes - attach a written explanation, including nature of offense, action taken, and a copy of the criminal judgment			

TO BE COMPLETED BY SALON OWNER OR MANAGER

Owner/Manager Name	Name of Salon	Salon Telephone Number	
Salon Address	City	State	ZIP Code

APPLICANT WORK EXPERIENCE - To Be Verified by Salon Owner/Manager (and notarized below)

Applicant Employed As a <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Esthetician <input type="checkbox"/> Manicurist	Begin Date	End Date	Hours Completed
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CERTIFICATION/NOTARY SECTION (to be completed by the Salon Owner/Manager and Notary)

I, as the Salon Owner/Manager, hereby certify under penalty of perjury under the laws of the State of North Dakota that the information stated is true and correct to the best of my knowledge.

Salon Owner or Manager Signature (<i>must sign in front of notary</i>)
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Signed and sworn to before me this	Date	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer		
Commission Expiration Date		

Submit complete application and \$25 fee to:

ND State Board of Cosmetology
 4719 Shelburne St Suite 1
 Bismarck, ND 58503

Questions:

Email: bocinfo@nd.gov
 Call: (701) 224-9800
www.ndcosmetology.com