



INDIVIDUAL NAME CHANGE REQUEST
NORTH DAKOTA STATE BOARD OF COSMETOLOGY
SFN 60541 (09-2021)

- Submit completed application and fee (\$10 per license, if requesting a new license) to the address below.
****No payment will be accepted without a complete application.****

LICENSEE INFORMATION

Prior Name			
New Name			
Address		City	State ZIP Code
Date of Birth	Telephone Number	Email Address	
License Number	Level <input type="checkbox"/> Master <input type="checkbox"/> Individual	License Type <input type="checkbox"/> Cosmetology <input type="checkbox"/> Esthetician <input type="checkbox"/> Manicure <input type="checkbox"/> Instructor	
I would like a new license? <input type="checkbox"/> No <input type="checkbox"/> Yes - Enclose \$10 fee (per license)			

<input type="checkbox"/> I hereby attest that the information stated is true and correct to the best of my knowledge.	
Licensee Signature	Date

Submit complete application and \$10 (per license) 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