



**RECIPROCITY PAYMENT APPLICATION**  
NORTH DAKOTA STATE BOARD OF COSMETOLOGY  
SFN 60827 (09-2021)

- This application must be submitted to our office with the appropriate fees before a license will be granted.  
**\*\*No payment will be accepted without a complete application.\*\***
- Fees are not prorated or returnable.

**LICENSEE INFORMATION**

|         |      |                       |                       |          |
|---------|------|-----------------------|-----------------------|----------|
| Name    |      | Home Telephone Number | Cell Telephone Number |          |
| Address | City |                       | State                 | ZIP Code |

|   |   |
|---|---|
| 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 |

**Check all applicable fees:**

|                     |                         |          |
|---------------------|-------------------------|----------|
|                     | Reciprocity Fee         | \$105.00 |
|                     | Cosmetology License Fee | \$15.00  |
|                     | Manicure License Fee    | \$25.00  |
|                     | Esthetician License Fee | \$25.00  |
|                     | Instructor License Fee  | \$35.00  |
| Total Fees Enclosed |                         |          |

|   |      |
|---|------|
| <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 total fees to:**

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

**Questions:**

Email: [bocinfo@nd.gov](mailto:bocinfo@nd.gov)  
Call: (701) 224-9800  
[www.ndcosmetology.com](http://www.ndcosmetology.com)