



PRACTICAL EXAMINATION APPLICATION
 NORTH DAKOTA STATE BOARD OF COSMETOLOGY
 SFN 61730 (09-2021)

- This application must be received in our office at least **one week prior to the testing date** with the correct fee.
****No payment will be accepted without a complete application.****
- Testing dates are subject to cancellation.

APPLICANT INFORMATION

| | | | |
|--------------------------|---------------|-----------------|----------|
| Student Name | | Today's Date | |
| Telephone Number | Email Address | | |
| Address | City | State | ZIP Code |
| Name of School Attended* | | Graduation Date | |

*If school is out-of-state, you must also provide the following:

- An official Transcript and Certificate of Completion
- A copy of your Birth Certificate
- High School Diploma or GED

Military Status: Are you a member, or spouse of a member, of the active or a reserved armed services of the United States?
 No Yes - provide proof of military/spouse status, such as military orders or a current base identification

In the past 5 years, have you been charged or convicted of an offense other than a minor traffic violation?
 No Yes - attach a written explanation, including nature of offense, action taken, and a copy of the criminal judgment

EXAMINATION APPLYING FOR:

| | | |
|---------------------|---------|----------------------------|
| Date of Examination | | |
| | \$40.00 | Cosmetology Practical* Fee |
| | \$50.00 | Esthetics Practical Fee |
| | \$50.00 | Manicure Practical Fee |
| | \$90.00 | Instructor Practical Fee |

*The following portion needs to be completed for Cosmetology course only

TO BE COMPLETED BY AUTHORIZED SCHOOL PERSONNEL

| | |
|-----------------------------------------|------------|
| Hours Completed at Time of Application* | As of Date |
|-----------------------------------------|------------|

* Must complete **1300** minimum hours in Cosmetology program

| | |
|------------------------------------------|------|
| Signature of Authorized School Personnel | Date |
|------------------------------------------|------|

I attest that the information stated is true and correct to the best of my knowledge.

| | |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|

Submit complete application and 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