



APPLICATION FOR LICENSE RENEWAL
 NORTH DAKOTA STATE BOARD OF COSMETOLOGY
 SFN 61745 (09-2021)

****No payment will be accepted without a complete application.****

Year Renewing for

LICENSEE INFORMATION

Name	Name Changed (since last renewal) <input type="checkbox"/> No <input type="checkbox"/> Yes - specify next	If Yes, Indicate Previous Name	
Mailing Address	City	State	ZIP Code
Telephone Number	Email Address		
Individual Licensee Number	Place of Employment		
Military Status: Are you a member, or spouse of a member, of the active or reserved armed services of the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes (provide proof of military/spouse status, such as military orders or current base identification)			
Have you, in the past year, been charged or convicted of an offense other than minor traffic violations? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach a written explanation, including the nature of the offense, action taken, and a copy of the criminal judgment)			

INDIVIDUAL LICENSEE TYPE AND FEE

Include a \$50 penalty fee for EACH license being renewed if paid or postmarked after December 31st.

Submit appropriate fee to renew your individual license:			
Cosmetologist Renewal (AX, X, R)	<input type="checkbox"/> \$15	Esthetician Renewal (ES)	<input type="checkbox"/> \$20
Master Cosmetologist Renewal (MC)	<input type="checkbox"/> \$20	Master Esthetician Renewal (ME)	<input type="checkbox"/> \$20
Instructor Renewal* (I)	<input type="checkbox"/> \$20	Manicurist Renewal (MN)	<input type="checkbox"/> \$20
*Instructors will be required to provide 8 hours of continuing education to renew your instructor license.		Master Manicurist Renewal (MA)	<input type="checkbox"/> \$20
		Duplicate License (a second license)	<input type="checkbox"/> \$10

SALON INFORMATION (only complete if you are the salon owner)

Name of Salon	Salon License Number	
Owner Name	Salon Telephone Number	
Name of Contact Person/Master Licensee in Charge	Master License Number	Licensee Telephone Number
Salon's Physical Address	City	State ZIP Code
Mailing Address (if different)	City	State ZIP Code

Independent Licensee Information

Legal Business Name Independent Licensee Operating under	Business License Number
Name of Independent Licensee	Telephone Number
Business Address	City State ZIP Code

SALON/INDEPENDENT LICENSEE FEE

Submit appropriate fee to renew license: <input type="checkbox"/> Salon Renewal (\$30) <input type="checkbox"/> Independent Licensee Renewal (\$30)
--

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

Applicant Signature	Date
---------------------	------

Submit Application/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