

For an individual name change, please complete the following form and mail to the address above.

Prior Name		
New Name		
Address		
City	State	ZIP Code
Birth Date	Telephone Number	
License Number	License Type	
I would like a new license		
□ No □ Yes (If yes, please enclose \$10.00 per license.)		

Questions

Email: bocinfo@nd.gov Call: (701) 224-9800 Fax: (701) 222-8756 www.ndcosmetology.com