



MASTER LICENSE WORK EXPERIENCE AFFIDAVIT

NORTH DAKOTA BOARD OF COSMETOLOGY

SFN 50927 (04-2017)

ND State Board of Cosmetology

4719 Shelburne St.; Suite 1

Bismarck, ND 58503

- This application must be completed and sent to our office with a license fee of \$25.00.
- Employee must have practiced as a licensed cosmetologist, esthetician, or manicurist for 1,000 hours in a licensed salon.

| TO BE COMPLETED BY EMPLOYEE | | |
|--|--------------------------------------|-------------------------------------|
| Employee Name | | |
| Address | | |
| City | State | ZIP Code |
| License Number | Telephone Number | |
| Master License Applying for *\$25.00 License Fee* | | |
| <input type="checkbox"/> Cosmetologist | <input type="checkbox"/> Esthetician | <input type="checkbox"/> Manicurist |

| TO BE COMPLETED AND NOTARIZED BY SALON OWNER OR MANAGER | | |
|---|--|--------------------------------------|
| Owner/Manager Name | | |
| Name of Salon | | |
| Salon Address | Salon Telephone Number | |
| City | State | ZIP Code |
| EMPLOYEE WORK EXPERIENCE | | |
| Employed As A | <input type="checkbox"/> Cosmetologist | <input type="checkbox"/> Esthetician |
| | | <input type="checkbox"/> Manicurist |
| Beginning Date | Ending Date | |
| Hours Completed | | |

I hereby certify under penalty of perjury under the laws of the State of North Dakota that the information stated is true and correct to the best of my knowledge.

| | |
|--|------|
| Signature of Salon Manager or Owner | Date |
| Subscribed and sworn to before me this | |
| Signature of Notary Public | |
| Commission Expiration Date | |

Questions?

Email: info@ndcosmetology.com

Call: (701) 224-9800

Fax: (701) 222-8756

www.ndcosmetology.com