



# North Dakota STATE BOARD OF COSMETOLOGY

## DUPLICATE LICENSE REQUEST

1-2025

- Submit completed application and fee of \$10 (per license) for a duplicate license.

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

### LICENSEE INFORMATION

Name					
Address		Apt #	City	State	ZIP Code
Date of Birth	Telephone Number		Email Address		
License Number	Level <input type="checkbox"/> Master      Individual		License Type <input type="checkbox"/> Cosmetology <input type="checkbox"/> Esthetician <input type="checkbox"/> Manicure    Instructor		
Reason for Duplicate <input type="checkbox"/> Work at a 2nd Location <input type="checkbox"/> Original Lost or Destroyed <input type="checkbox"/> Other _____				Last 4 Social Security Number	
License Number(s) of Salon Duplicate License Will Be Displayed					

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

Licensee Signature	Date
--------------------	------

### Submit complete application and \$10 (per license) fee 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)