



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

Applicant Signature	Date
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**Submit Application/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)