



LEGACY STATUS OF LICENSE REQUEST
NORTH DAKOTA STATE BOARD OF COSMETOLOGY
SFN 62637 (07-2025)

- Submit completed application and fee of \$25 No payment will be accepted without a complete application.
- Must submit this application no later than September 30th to qualify for next year's license status change.

LICENSEE INFORMATION

Name				
Address		Apt #	City	State ZIP Code
Date of Birth	Telephone Number		Email Address	
License Number	Level ☐ Master ☐ Individual		License Type ☐ Cosmetology ☐ Esthetician ☐ Manicure	
Initial Year ND License was issued			Last 4 Social Security Number	

ELIGIBILITY (Check all that apply)

- ☐ I have maintained an active North Dakota license for 45 or more cumulative years.
- ☐ My license is in good standing or eligible for reinstatement under N.D.C.C. 43-11-29.
- ☐ I am no longer engaged in the active practice of the profession.

ATTESTATION (Check all that apply)

- ☐ I am not performing services defined under N.D.C.C. 43-11 for compensation or as part of any employment or business arrangement.
- ☐ I am not advertising, managing, supervising, or holding out availability for professional services.
- ☐ I understand that any volunteer work must be uncompensated and is subject to Board review.
- ☐ I agree to not engage in licensed activities.
- ☐ I hereby certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading information may result in the denial of this application or revocation of my license.

Licensee Signature	Date
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Submit complete application and \$25 (per license) 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