



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

701-224-9800

- 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	Affix Notary Stamp
Signature of Notary Public	
Commission Expiration Date	

Questions

Email: bocinfo@nd.gov

Call: (701)224-9800

Fax: (701)222-8756

www.ndcosmetology.com