



LICENSE VERIFICATION REQUEST
 NORTH DAKOTA STATE BOARD OF COSMETOLOGY
 SFN 60540 (09-2023)

- Submit completed application and fee of \$20 for a license verification to another state.
****No payment will be accepted without a complete application.****

LICENSEE INFORMATION

Name		Social Security Number	
Address		City	State ZIP Code
Date of Birth	Telephone Number	Email Address	
License Number	Level <input type="checkbox"/> Master <input type="checkbox"/> Individual	License Type <input type="checkbox"/> Cosmetology <input type="checkbox"/> Esthetician <input type="checkbox"/> Manicure <input type="checkbox"/> Instructor	

STATE BOARD INFORMATION

State Applying To	Send Information By <input type="checkbox"/> Mail <input type="checkbox"/> Email	Email Address	
Mailing Address	City	State	ZIP Code

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.

Licensee Signature	Date
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Submit complete application and \$20 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

Privacy Act Statement: The disclosure of the individual's Social Security Number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. Social Security Number is used for identification and verification purposes. Not providing the Social Security Number will cause the application to not be processed.