



**BARBER SCHOOL APPLICATION FOR RENEWAL**

**2025-2026**

I hereby make applica/on for renewal of my cer/ficate to operate a Barber School In  
the State of Nevada for the fiscal year ending April 1, **2025**.

Name \_\_\_\_\_

Signature \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_

Name of School \_\_\_\_\_ Zip \_\_\_\_\_

Tele No. \_\_\_\_\_ Date \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

**Pay & Submit Online at <https://barber.nv.gov>**

Or make all money orders Payable to:

NEVADA STATE BARBER'S HEALTH AND SANITATION BOARD

4710 E. FLAMINGO – LAS VEGAS, NEVADA 89121

**DO NOT LOSE THIS APPLICATION, RENEWAL APPLICATION WILL NOT BE ACCEPTED WITHOUT IT**

**NOTE: MONEY ORDERS ONLY**

Instructor's employed at your School

Please Print Clearly

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