



BARBER SCHOOL APPLICATION FOR RENEWAL

2026-2027

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, 2026.

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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