



Lost License Renewal Card or Replacement License

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

If you have lost your renewal portion of your license or your issued license, you will need the following to receive a replacement.

- All forms filled out and signed, page two (2) must be notarized and signed in front of a notary.
- 2 passport photos
- \$20.00 money order or paid online through Barber Portal.

NAC 643.170 Fees: Replacement of lost license or renewal application. (NRS 643.050, 643.140)

The board will replace a lost license or a renewal application issued with a license upon the receipt of a fee of \$20.

[Barbers' Health & Sanitation Bd., Rule 36, eff. 10-8-70; A 1-6-72; 10-6-78]—(NAC A by R084-99, 1-18-2000)



Date: _____ Phone: _____

Full Name: _____

Address: _____

Type of License Held: _____

Shop In Which You Are Working: _____

_____, affiant, being first duly sworn deposes and says;
(Full Name of Licensee)

That he/she was last licensed by the Nevada State Barbers' Health and Sanitation Board for the year of 20__/20__; and that the Aforementioned license or renewal application issued by the board was _____ by affiant,
(Lost, Misplaced, Destroyed, or Stolen)

and after diligent search affiant has been unable to locate the aforementioned license or renewal application; that affiant has not at any time given, loaned, or transferred the aforementioned license or renewal application to any other person or firm for any purpose whatsoever; that affiant has not at any time allowed any person or firm to work under the aforementioned license; that affiant now desires the board to issue a duplicate license to replace or renew the aforementioned license or renewal application; that affiant has been advised that the Nevada State Barbers' Health and Sanitation Board has determined that a false affidavit in application for a duplicate license or renewal of a license by a licensee of the board is grounds for revocation of any license issued by the board; and that if the aforementioned license or renewal application is found by affiant, affiant will immediately return it to the Boards office at 4710 E. Flamingo Road, Las Vegas, NV 89121 by registered mail.

Subscribed and Sworn to Before me this _____ day of _____ Signature _____
_____, 20_____
(APPLICANT)

Notary Public in and for this County of _____

State of _____

CHILD SUPPORT INFORMATION

Please mark the appropriate response (failure to mark one of the three will result in denial of the application).

___ I am **NOT** subject to a court order for the support of a child.

___ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

___ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security number: _____

Name of Applicant

Signature of Applicant

Date



Pursuant to NRS.

All applicants MUST complete this section. Please select ONE option.

- I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.

My Nevada Business license number is: _____

- I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76 and my application is pending.
- I do NOT have a Nevada business license number.

The Nevada State Barbers' Health and Sanitation Board is not the arbiter of determining whether the applicant needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: <https://www.nvsos.gov/sos/businesses/start-a-business>

Pursuant to AB62, all Boards and Agencies are required to gather the following information.

Veteran's Questionnaire

1. Are you a US Veteran? *Please circle one.* YES or NO
2. What Branch of Service did you serve in? _____
3. What was your speciality job in the Military? _____
4. What dates did you serve? _____, _____
(Starting Date) (Ending Date)