APPLICATION FOR RELICENSURE FOR ELECTRONIC HAIR REMOVAL TECHNICIAN

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF HEALTH FACILITIES
SFN 50036 (7-05)

DEPARTMENT USE ONLY

License Number

Telephone 701.328.2352

Name				
Home Address		City	State	Zip Code
Home Telephone Number	Self Employed ☐ No ☐ Yes	Business Name		
Business Address		City	State	Zip Code
County		Business Telephone Number		
E-Mail Contact		E-Mail Address		

SIGNATURES AND AFFIDAVIT

The undersigned hereby makes application for a license to practice as an electronic hair removal technician in the state of North Dakota, and is subject to the provisions of North Dakota Century Code Chapter 43-38 and North Dakota Administrative Code Chapter 33-03-11.

_____ _____
Signature Date

State of _____)
) SS.
County of _____)

On this _____day of _____, 20_____, before me personally

appeared_____ _____who having been sworn states that to the best of his/her knowledge and beliefs the statements in the foregoing application are true.

_____
Notary Public

(Seal)

My commission expires _____

KEEP ONE COPY OF THIS APPLICATION FOR YOUR RECORDS.

MAIL THE COMPLETED, NOTARIZED APPLICATION, ALONG WITH YOUR $25.OO CHECK OR MONEY ORDER, TO:

North Dakota Department of Health
Division of Accounting
600 E. Boulevard Avenue Dept. 301
Bismarck, ND 58505 - 0200

FOR ACCOUNTING USE ONLY