



**APPLICATION FOR INITIAL ELECTRONIC HAIR REMOVAL  
TECHNICIAN LICENSE (WITH COSMETOLOGIST LICENSE)**

NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF HEALTH FACILITIES  
SFN 8041 (7-05)

DEPARTMENT USE ONLY

License Number
Licensure Period

Telephone 701.328.2352

Name			
Home Address		City	State   Zip Code
Home Telephone Number	Self Employed <input type="checkbox"/> No <input type="checkbox"/> Yes	Business Name	
Business Address		City	State   Zip Code
County		Business Telephone Number	
E-Mail Contact		E-Mail Address	

PLEASE ATTACH DOCUMENTATION ESTABLISHING YOUR QUALIFICATIONS AND ELIGIBILITY FOR A LICENSE AS FOLLOWS:

1. Document verifying applicant is at least 18 years of age.
2. Copy of high school diploma, GED certificate, or certificate from an accredited institution of higher education.
3. Copy of curriculum completed in the operation of an electronic tweezers type hair removal machine (40 hours required).
4. Official school transcript.
5. Copy of your current Cosmetologist License.
6. Letter of recommendation for one instructor knowledgeable in the electronic hair removal process without the use of an electronic needle.

**EDUCATIONAL BACKGROUND**

HIGH SCHOOL(S) ATTENDED	DATES ATTENDED	HIGHEST GRADE LEVEL COMPLETED
COLLEGE, UNIVERSITY, OR TECHNICAL SCHOOL(S) ATTENDED	DATES ATTENDED	HIGHEST GRADE LEVEL COMPLETED

### 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 \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS.

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.

(Seal) \_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

**KEEP ONE COPY OF THIS APPLICATION FOR YOUR RECORDS.**

**MAIL THE COMPLETED, NOTARIZED APPLICATION, ALONG WITH YOUR \$30.00 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**

--	--