

AFFIDAVIT

I, _____ (print name), am the person described and identified and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my registration to practice hair braiding in South Carolina.

Applicant's Signature _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Signature of Notary Public _____

My Commission Expires _____

Seal required here

Attach a recent full face
2X2 PASSPORT SIZED
PHOTO IN THIS SPACE
COPIES ARE NOT ACCEPTED

DID YOU REMEMBER TO:

- Complete and answer all questions. Sign, date and have your application notarized.
- Complete, sign, date and have the Affidavit of Lawful Presence/Affidavit of Eligibility notarized.
- Enclose a clear and legible copy of your beginner's permit or state identification card or driver's license.
- Enclose a clear copy of your Social Security Card.
- Attach your photo to your application (copies of your driver's license are not acceptable for a photo).
- Enclose fee of \$25.00. Money order, cashier's check or personal check made payable to the SC Board of Barber Examiners. **No cash, credit cards or debit cards accepted.**

You can check the status of your application online at www.llr.state.sc.us/pol/barber within 10 business days of submitting your application. The 6-hour course and the test are completed online. This office will send you a user ID and password to access the material needed. Once all requirements have been received, which includes but is not limited to the above information and your examination score, a registration number may be generated within 10 business days upon receipt of all documents. During peak times, the application review/approval process may take longer.



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)

being first duly sworn deposes and states as follows:

Check only one box:

- 1. I am a United States citizen; or
- 2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
- 3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
- 4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See Instruction sheet for a list of accepted immigration documents. Provide copies of the front and back.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both)

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this day of _____

Signature of Notary Public
Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:
An alien who is lawfully admitted for residence under the INA
An alien who is granted asylum under Section 208 of the INA

A refugee who is admitted to the United States under Section 207 of the INA

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year. An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (1-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (1-551)
Unexpired Refugee Travel Document (1-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary 1-551 Language)

Temporary 1-551 Stamp (on passport or 1-94)

1-94 (Arrival/Departure Record) in Unexpired Foreign Passport

1-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)