



Reciprocity Requirements and Instructions

1. Have the state where you are currently licensed mail a **verification of licensure** that displays the type of examination passed, that you are currently licensed and in good standing to the address listed above.
2. You must have completed at least the 9th grade or better to be licensed. You may use a high school diploma, high school transcript, GED document, college degree, college transcript, or other acceptable documentation to meet the high school requirement.
3. You must provide two notarized statements (Experience Affidavits, attached) from two registered or master barbers from the state where you are currently licensed and are working. The affidavit states you have been practicing as a full-time barber for, at least, the past calendar year.
4. All applicants must have passed a national examination (NIC). **If you did not pass the NIC examination (theory and practical), you will be required to test in South Carolina as this state requires successful passing of the national examination to practice.** You must contact Professional Credential Services (PCS) to obtain registration information. The telephone number is 1-888-822-3272.
5. If you are not a resident of South Carolina, you are not eligible for reciprocity.

Upload in online application or mail in to board office:

- Payment may be submitted via Visa/Mastercard or Electronic Check
Application Fee of \$140 must be paid to submit the electronic application to our office.
- Notarized Signature Affidavit with 2x2 Passport Sized Photo (attached)
- Completed and notarized Verification of Lawful Presence Form (attached)
- Copy of social security card.
- Copy of a state issued ID, driver's license or passport with intact picture.
- Two Notarized Experience Affidavits (attached)
- Evidence of 9th grade education or equivalency.
- If applicable, copy of legal documents that authorize a change in name such as marriage licenses, divorce decrees, or other court documents.
NOTE: License will only be issued as reflected on legal document. (Birth certificate, marriage license, etc.)
- A skin test or chest x-ray must accompany all applications. It must indicate you are free of tuberculosis. (Health Certification is attached)

Check your application status online for pending documentation before directly contacting the Board at www.llr.state.sc.us/pol/barber.



South Carolina Board of Barber Examiners

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4588 • BoardInfo@llr.sc.gov • Fax: 803-896-4484

www.llronline.com/POL/Barber/



SIGNATURE AFFIDAVIT

I, _____, am the person described and identified and the
Print Name

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.

Signature of Applicant

Print Name of Applicant

Subscribed and sworn to before me this _____ day
of _____ 20_____.

Notary Signature: _____

Print Name: _____

Notary for the State of: _____

My Commission expires: _____

**Tape a recent 2 x 2
Passport Photo
(less than 6 months old)**



South Carolina Department of Labor, Licensing and Regulation

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EXPERIENCE AFFIDAVIT

This affidavit is needed when applying by reciprocity.

STATE OF: _____

COUNTY OF: _____

Registered/Master Barber Name

License Number

First being duly sworn each deposes and says that he knows the person making the application, that to his/her positive knowledge _____ is a Registered or Master Barber in the State of _____ and that said applicant has been working full time for at least the preceding calendar year.

Signature of Registered/Master Barber

Date

SWORN to before me this _____ day of _____, 20_____

Notary Signature

Print Name

Notary Public for: _____

My Commission Expires: _____



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HEALTH CERTIFICATION

Prior to licensure, applicant shall be required to have a tuberculin skin test with five U.S. Tuberculin Units of purified protein derivative. Applicants found to be non-reactors to a 5TU-PPD tuberculin skin test shall require no further routine annual screening. Results of skin tests utilizing the multiple puncture method shall not be accepted. If applicants are found to be tuberculin reactors, they must provide the Board with a statement that the applicant is non-contagious and must undergo such further testing as may be necessary before the county health department or private physician can provide the Board with such a statement. This statement shall include a section stating whether or not it will be necessary for the applicant to have an annual chest x-ray.

Name of person being examined

Date

Result of Tuberculosis Examination:

X-Ray of Chest of Skin Test (attach report) _____

I find this applicant free from infectious tuberculin disease and is physically qualified to practice barbering.

Signature of M.D.

Print Name of M.D.

Address

City

State

Zip

County

Phone

M.D. License Number



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.)

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 _____, 20____

Notary Signature

Print Name

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 (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

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

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

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

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

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

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