



## 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:

- Submit the application Fee of \$140 via check or money order. (Do not send cash)
- 2x2 Passport Sized Photo
- Copy of social security card.
- Copy of a state issued ID, driver's license or passport with intact picture.
- Two Notarized Experience Affidavits
- Evidence of 9<sup>th</sup> 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](http://www.llr.state.sc.us/pol/barber).



South Carolina Department of Labor, Licensing and Regulation

### 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](mailto:BoardInfo@llr.sc.gov) • Fax: 803-896-4484

[www.llronline.com/POL/Barber/](http://www.llronline.com/POL/Barber/)

### Application by Reciprocity



#### Select one:

**Registered Barber- \$140**

**Master Hair Care Specialist - \$140**

#### Include with your application:

- Check or money order in the amount of \$140 made payable to LLR-Board of Barber Examiners Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.
- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your social security card
- A 2"x2" professional photo (Passport Photo)
- Two Notarized Experience Affidavits
- Evidence of 9<sup>th</sup> 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)

#### APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Have you ever legally changed your name?  Yes  No Maiden Name: \_\_\_\_\_

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If different than above)

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Race: \_\_\_\_\_

(for statistical purposes only)

Gender:  Female  Male

#### PERSONAL HISTORY INFORMATION

If you answer yes to any of the below questions, you must attach a full written explanation.

1. Currently, or within the last five years, have you been arrested, indicted, convicted, pled guilty, or pled nolo contendere for violation of any federal, state or local law (other than a minor traffic violation)?

Yes  No

**If yes,** attach a separate statement giving complete details and submit a copy of your criminal background history; probation/parole letter and pertinent court documents.

2. To your knowledge are any pending complaints filed against your current license? Yes  No   
If yes, please give a detailed explanation.

**Attestation:**

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: \_\_\_\_\_



**Privacy Act Disclosure:**

*South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



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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)