



**South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Barber Examiners**

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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/



BARBER REINSTATEMENT APPLICATION

Registered Barber/Master Hair Care licenses may be reinstated within three (3) years from the date the license expired. After three years, applicants must successfully pass the practical examination.

Instructor licenses may be reinstated within five (5) years from the date the license expired. After five years, applicants must successfully pass the theory examination.

Include with your application:

- Check or money order made payable to LLR-Board of Barber Examiners. **DO NOT SEND CASH.** 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.
- Complete the Verification of Lawful Presence Form (attached)
- Clear and legible copy of your valid Driver’s License, State Issued ID, Passport or Military ID
- Copy of your Social Security Card.
- Legal name change document, if applicable
- A 2”x2” professional photo (Passport Type Photo)

Choose All That Apply:

<input type="checkbox"/> Registered Barber \$150	<input type="checkbox"/> Barber Instructor \$165
<input type="checkbox"/> Master Hair Care \$175	<input type="checkbox"/> Barber Assistant Manicurist \$125
<input type="checkbox"/> Shampoo Barber Assistant \$125	

APPLICANT INFORMATION

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Have you legally changed your name since your last renewal? Yes No Prior Name: _____
If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Telephone: _____ Email Address: _____

Social Security No.: _____ Date of Birth: _____

PERSONAL HISTORY QUESTIONS

- 1. Since you last renewed your license, have you been involved in any pre-trial intervention program, been convicted, pled guilty, or pled nolo contendere (no contest) for the violation of any federal, state or local law or do you have any charges pending (other than a minor traffic violation)? Yes No (If you answer yes, you must include a full written explanation, criminal background report and court documents with your reinstatement application.)
- 2. Has your lawful status changed? Yes No (i.e.-naturalization; received a permanent resident card).
- 3. **Barber Assistants** - What is the name and license number of the registered barber **OR** master hair care specialist who directly supervises you?

Supervisor’s Name: _____ License Number: _____

PRIVACY 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.

ATTESTATION AND SIGNATURE

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 license to practice barbering or barber-related services in South Carolina.

Signature of Applicant (Do not print) Date

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

Notary Signature
Print Name: _____

Notary Public for: _____

My Commission Expires: _____

Attach recent full
face passport size
photo here
“2 x 2”
No copies

This application is valid for one year. Any applicant who has not obtained licensure within one year must complete a new license application.

BEFORE CALLING THE BOARD OFFICE:

Check the status of your application online at http://lronline.com/index.asp?file=Application_Status_Instructions.html .



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

Subscribed and 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:

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)