



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 • Fax: 803-896-4484

llr.sc.gov/bar

BARBER STUDENT PERMIT REQUIREMENTS AND INSTRUCTIONS

Please review the [Statutes](#) and [Regulations](#) for the Board prior to applying for a license

LICENSURE REQUIREMENTS

The license fee is as follows and made payable to the SC Board of Barbers Examiners:

- Check or money order in the amount of \$35 made payable to **SC Board of Barber Examiners**. *A returned check fee of up to \$30, or an amount specified by law, **may** be accessed on all returned funds. (All fees are non-refundable)*
- Copy of your valid driver's license, state issued ID, passport or military ID
- Copy of your social security card
- Proof of completing at least 9th grade education
- A completed copy of the School/Shop Affidavit
- Signed and notarized Verification of Lawful Presence
- A 2" x 2" full faced passport-type photo on a white background taken within the last 6 months. No selfies.
- TB test results, less than a year old, indicating you are free of tuberculosis.
- Legal name change documentation, *if applicable*.
- SLED Report (*if applicable*)

INSTRUCTOR/SCHOOL

Students are to be instructed under a licensed registered barber or a licensed master hair care specialist instructor. If a student is instructed under a licensed registered barber instructor, they are NOT permitted to practice as a master hair care student or take the master hair care examinations.

Permits are NON-TRANSFERRABLE. If a student transfers to another OJT Instructor or School, they must turn in their permit to the Board and request for another permit. Students are only allowed two permits. If a third permit is requested, a letter of explanation will be required and you may be required to appear before the board.

ALL hours must be completed under a licensed school or barbershop and a licensed barber instructor. ANY hours completed under a lapsed barbershop, school and/or barber instructor will NOT count towards your required hours.

ADDITIONAL CONSIDERATIONS

Students may purchase Milady 6th or 7th Edition to study for the examinations. The examinations will be based on the Milady 6th and 7th Edition.



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BARBER STUDENT PERMIT APPLICATION

Students are only allowed two permits. If a third permit is requested, a letter of explanation will be required and you may be required to appear before the board.

Include with your application:

- Check or money order in the amount of \$35 made payable to **SC Board of Barber Examiners**. *A returned check fee of up to \$30, or an amount specified by law, may be accessed on all returned funds. (All fees are non-refundable)*
- Copy of your valid driver’s license, state issued ID, passport or military ID
- Copy of your social security card
- Proof of completing at least 9th grade education
- A completed copy of the School/Shop Affidavit
- Signed and notarized Verification of Lawful Presence
- A 2” x 2” full faced passport-type photo on a white background taken within the last 6 months. No selfies.
- TB test results, less than a year old, indicating you are free of tuberculosis.
- Legal name change documentation, *if applicable*.

I. APPLICATION TYPE (select one):

- Barber School Student On-the-job Training Student Barber Assistant-OJT

II. APPLICANT INFORMATION

Full Legal Name: _____

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

Home Address: _____
Physical Address Required

Mailing Address: _____

Phone: _____ Email (required): _____

Social Security Number: _____ Date of Birth: _____ Gender: M F
(For Statistical Purposes)

III. EDUCATION/PRIOR TRAINING

1. Have you completed, at least, a 9th grade education? Yes No
2. Have you previously held a student permit? Yes No

If Yes list prior barber training

School/Shop Name	School/Shop License Number	Training Start Date	Training End Date	Hours Completed	Reason for ending training

IV. BARBER SCHOOL STUDENT

Section completed **ONLY** if applying for a Barber School Student Permit. The Applicant is not considered enrolled until the date of issuance of a student permit by this board

School Name: _____ License No: _____

Business Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

School Contact Person: _____ Phone Number: _____

Email: _____

V. BARBER ON-THE-JOB TRAINING/BARBER ASSISTANT

Section completed **ONLY** if applying for a Barber on-the-job Student Permit. The Applicant is not considered enrolled until the date of issuance of a student permit by this board

Instructor Name: _____

Registered Barber License No.: _____ Instructor License Number: _____

Shop Name: _____ License Number: _____

Business Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Shop Telephone Number: _____

VI. PERSONAL HISTORY QUESTIONS

Please answer all questions below. For any “Yes” answer, a written explanation must be provided. For explanation of criminal history, copies of statewide criminal background check and court documents must also be provided. Additional information may be requested by the Board Office and an appearance before the Board may be required.

1. Have you ever been convicted of, or pled guilty or nolo contendere to a felony or non-felony crime (other than a minor traffic offense)? Yes No

2. Have you ever had a license to practice barbering denied, suspended, restricted, revoked or surrendered, or have you ever been disciplined by an occupational licensing authority in this state or any other state or jurisdiction? Yes No

3. Have you ever surrendered a professional or occupational license or certificate in lieu of disciplinary action, in any to any state or jurisdiction? Yes No

V. ATTESTATION:

I, _____, am the person described and identified and the person named in all documents presented in support of this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law, statute or ordinance, other than as disclosed as required within this application.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

Applicant’s Signature: _____ Date: _____

Notary Signature: _____

Print Notary Name: _____ {Seal}

Notary Public for the State of: _____

Commission Expiration Date: _____

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.

SUBSTITUTE INSTRUCTOR INFORMATION
OJT SUBMISSIONS ONLY

On-the-Job Training instructors **are allowed** to have a substitute instructor on file with his/her student. This is not a requirement; however, it is an option for vacation purposes as it still allows the student to continue with training in your absence. The substitute must be a licensed barber instructor with a current master hair care or registered barber license **AND** he/she must be working in the same barber shop as the primary instructor.

Student's Name

OJT Permit Number

By signing below, I agree to fill-in as a substitute and record the training hours in the absence of the primary barber instructor.

Instructor License Number

Master/Barber License Number

Signature of Substitute Barber Instructor

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

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

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 OR Skin Test (attach report) _____

I find this applicant free from TB 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. 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 _____, 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 (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)