



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 BOARD AFFIDAVIT OF COMPLETION**  
 This is a fillable form. Please download and save before completing.

This form must be completed by an authorized school/instructor official confirming the student completed the required number of classroom hours needed for licensure. This completed form may be submitted directly to the Board by the school/instructor via email to [BoardInfo@llr.sc.gov](mailto:BoardInfo@llr.sc.gov).

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Student Permit No.: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Last 5 of social: \_\_\_\_\_

**Below section should be completed by the authorized school official, school instructor, or the OJT instructor.**

**SCHOOL OR BARBER SHOP INFORMATION**

Name of school/barber shop (As shown on license): \_\_\_\_\_

School/Barber Shop License No: \_\_\_\_\_

School Official, Instructor, or OJT Instructor Name Completing Form: \_\_\_\_\_

Title: \_\_\_\_\_ Instructor or OJT Instructor License Number: \_\_\_\_\_

**TRAINING INFORMATION**

The above-named student has completed one of the following:

On-the-Job Training: 1920 hours      High School: 1540 hours      Barber College: 1500 hours

Date of Completion: \_\_\_\_\_

**AFFIRMATION STATEMENT**

I, \_\_\_\_\_ swear or affirm that I am authorized to report the aforementioned  
 Authorized School Official/Instructor/OJT Instructor  
 student's information to the SC State Board of Barber Examiners on behalf of \_\_\_\_\_  
 School or OJT Instructor Name

which/who is licensed to instruct barber students in South Carolina. I also swear that the information provided is true and correct to the best of my knowledge.

**School Official or Instructor/OJT Instructor's Signature:** \_\_\_\_\_

**Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.**

Notary Signature: \_\_\_\_\_

Print Notary Name: \_\_\_\_\_ {Seal}

Notary Public for the State of: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_