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

Post Office Box 11329
Columbia, South Carolina 29211-1329
Phone: (803) 896-4588

Barber License Upgrade Form

☐ Registered Barber $80 ☐ Master Hair Care $100

Non-refundable checks and money orders should be made payable to: South Carolina Board of Barber Examiners. Send this application and your fee to: SC Board of Barber Examiners, PO BOX 11329, Columbia, SC 29211-1329.

Apprentice License #: _____

Full Legal Name: _____
First Middle Last

Home Address:_____
Street (physical address required) City State Zip

Mailing Address (if different from home address):_____
Street/PO Box City State Zip

County:_____ Telephone #:_____

Email Address:_____ Social Security Number:_____/____/____

Has any professional disciplinary action been taken against you in any state since you have become licensed in South Carolina? YES ☐ NO ☐ (**If Yes**, please include a full written explanation.)

Have you been convicted of or pled guilty or nolo contendere to a felony or crime of moral turpitude or are there charges pending against you now? YES ☐ NO ☐ (**If Yes**, please include a full explanation.)

I attest that the information is true and correct. This form must be signed and dated or it will be returned.

_____ _____
Signature Date

I attest that the above apprentice worked for one year in a barber shop.

Registered or Master Barber License #_____ Shop License #_____

_____ _____
Signature Date