

South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Cosmetology

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/cosmo

APPLICATION FOR LICENSURE BY ENDORSEMENT

1. Submit with your application:

Cosmotology

- Include a check or money order in the amount of \$60 made payable to the SC Board of Cosmetology. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- a recent 2"x 2" full faced passport-type color or black and white photo;
- a copy of your social security card;
- a copy of a valid state issued ID, driver's license, passport or federal issued ID with intact picture;
- the completed and notarized Verification of Lawful Presence (attached);
- a copy of your current license in another state or jurisdiction in this country or territory or dependency of the United States (This **CANNOT** be used to verify your license.);
- **VERIFICATION OF LEGAL NAME:** A license must be issued in the applicant's legal name as verified by a birth certificate or other legal document acceptable to the board. Examples of acceptable documents include a valid passport, vital statistics birth certificate (not hospital birth certificate), marriage certificate, divorce decree or court order approving legal name change.
- 2. South Carolina does not have a reciprocal agreement with any state. South Carolina is a member of the National-Interstate Council of State Boards of Cosmetology (NIC). Proof of successful passage of the NIC exam (theory and practical) is required.

Request a License Verification from the state(s) where you have passed an examination and the state where you are **currently** licensed. The verification(s) must be mailed or emailed from the other state board(s) directly to our office. Attached is a license verification request form if needed, we will accept a state issued verification form.

- The verification must include the State seal and it must reflect how you were licensed.
- If the verification reflects that you have NOT passed the NIC examination, staff will send you information on how to apply for the NIC exam through South Carolina.

Noil Tachnician

Select the type of license you are applying for (fees are non-refundable): Esthaticion

| Cosi | netology | Estiletician | Naii Teciiiiciaii | | |
|---------------|--------------------|--|----------------------|---------|------|
| APPLICAN | T INFORMA | TION | | | |
| Full Legal Na | ame: | | | | |
| • | ~ . | ged your name? Yes cumentation supporting the ch | | · Name: | |
| Home Addre | ess: | | City: | State: | Zip: |
| Mailing Add | ress:(If c | lifferent than above) | City: | State: | Zip: |
| Phone: | | | Social Security No.: | | |
| Date of Birth | ı: | Email Addre | ess (Required): | | _ |
| | etatistical nurnos | | ler: ☐ Female ☐ M | ale | |

| ED | UCATION/ EXAM INFORMAT | TION | | | | |
|-------------|---|--|---|-------------------|--------------|----|
| Cos | metology Education program from | n which you graduate | ·d: | | | |
| Dat | e of Graduation: | | _ | | | |
| Тур | e of Cosmetology Program: | Cosmetology | Esthetician | Nail Techn | nician | |
| Wh | at type of exam have you passed (t | heory and practical) | National | State | None | |
| PR | OR SC & OUT OF STATE LIC | CENSURE RECOR | DS | | | |
| 1. | What state were you originally lie | censed? | | | | |
| 2. | Have you previously been license. If yes, Name on license: Prior license number: | | | ing? YE | S NO |) |
| 3. | List all states where you are or ha | we been licensed as a | a cosmetologist, esth | netician, and/or | nail tech. | |
| | State: License Type: | Status (lapsed | d, disciplined, active | e, etc.): | | |
| | State: License Type: | Status (lapsed | d, disciplined, active | e, etc.): | | |
| | State: License Type: | Status (lapsed | d, disciplined, active | e, etc.): | | _ |
| 4. | Have you ever practiced under a | surname/alias (if yes, | list name(s)) | YE | S NO |) |
| | Surname/Alias: | | | | | |
| | Surname/Alias: | | | | | |
| | Surname/Alias: | | | | | |
| If y the | RSONAL HISTORY QUESTION on answer YES to any of the below particular question. | v questions, you mus | | | taining to | |
| 1. | To your knowledge, are there any license? | pending complaints | filed against your c | urrent | YES | NO |
| 2. | Have you ever been convicted of crime of moral turpitude or of a c | 1 0 1 | • | felony, a | YES | NO |
| | If yes, have a statewide background of from the state law enforcement agency records regarding your conviction, the statement from the probation or parol | y to the SC Board of C e nature of the offense, | Cosmetology. Attach a and date of discharge | certified copy of | of the court | |

Applicant Name:

| ATTESTATION | | |
|---|-------|--------------------------|
| I, | | |
| I have carefully read the questions within this a reservations of any kind, and I declare that all statements knowledge and belief. | | |
| Should I furnish any false, incomplete, or misleadin act shall constitute the cause for denial or revocation of my l | | |
| Applicant's Signature: | Date: | |
| Sworn to and subscribed me this day of | , 20 | |
| Notary Signature: | | Evil Food |
| Print Notary Name: | | Full Face |
| Notary Public for the State of: | | Tape a recent 2 x 2 |
| Commission Expiration Date: {Seal} | | Passport- type Photo |
| | | (Less than 6 months old) |

Applicant Name: _____

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.



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 | e United States. | | | |
|--|--|--|--|--|
| The undersigned _ | , of | | | |
| (Print clearly First, Mid being first duly sworn deposes and states | | | | |
| 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 shocked number 2, 2, or 4 | you must attach a copy of your immigration documents. See | | | |
| instruction sheet for a list of accepted im | | | | |
| 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 thisday of | , 20 | | | |
| Notary Signature | | | | |
| Print Name | | | | |
| Notary Public for | | | | |

Rev: 02-02-2015

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)

Rev: 02-02-2015



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COSMETOLOGY LICENSE VERIFICATION FORM

Complete the top portion of this form and forward to the state(s) where you have passed an examination and the state where you are currently licensed. You may want to contact each state to see if a fee is required. We will accept a state-issued license verification form. The form must contain the state seal and reflect how you were licensed.

| Print Name as shown on license: | |
|---|--|
| Type of License: | License Number: |
| Address: | |
| I am applying for licensure in the State of SC. I hereby a Carolina Board of Cosmetology. | authorize the release of my licensure data to the South |
| Applicant's Signature: | |
| FOR STATE BOA | ARD TO COMPLETE |
| This section to be completed by an official of the state be Cosmetology at the above address. You may send a state | board and returned directly to the South Carolina Board of the issued license verification in lieu of this form. |
| Full name of licensee: | |
| License Type: License No.: | Date Issued: |
| License Status (Active, Inactive, Lapsed, etc.): | |
| Licensed by: Exam Endorsement | _ Waiver/Equivalency |
| Name of Cosmetology Program Completed: | |
| Type of Program: | Graduation Date: |
| Did the licensee pass nationally recognized written and | practical exams? Yes No |
| Scores: RC: ES: NT: | <u> </u> |
| Has license been disciplined, suspended, revoked, or res | stricted? If yes, attach detailed information. Yes No |
| Comments, if any: | |
| Date: | Signature: |
| | Print Name: |
| Board Seal | Title: |
| | Board: |