



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

Cosmetology, Esthetician or Nail Technician Endorsement Application Instructions

Check your application status online for pending documentation before directly contacting the Board at www.llroline.com/pol/cosmetology.

Allow 10 business days from the date we receive your application before checking your application status. Once all information is received, allow up to 10 business days for a license to be issued. During peak times, the application review/approval process may take longer.

1. **Submit with your application:**

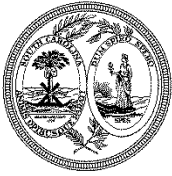
- Remit the \$60 non-refundable application fee via check, money order or cashier's check only. Make payable to **LLR-Board of Cosmetology**.
- Recent 2"x2" full faced passport type color or black and white photo signed and dated on the front. Tape along the top edge of the photo only onto the photo section of the application. **DO NOT** Staple!
- Copy of vital statistics birth certificate or passport. Hospital birth certificates are not accepted.
- Copy of social security card.
- Copy of a state issued ID, driver's license or passport with intact picture.
- Completed and notarized Verification of Lawful Presence, attached.
- Copy of 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.
- If applicable, copy of legal documents that authorize a change in name such as marriage licenses, divorce decrees, or other court documents.
- **NOTE:** License will only be issued as reflected on legal document. (Birth certificate, marriage license, etc.)

2. **South Carolina does not have a reciprocal agreement with any state.** Proof of successful passage of the National Interstate Council of State Boards of Cosmetology (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 our testing service provider.

If you have questions regarding the application process, please contact the Board of Cosmetology at boardinfo@llr.sc.gov.



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.)

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

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. (Make a copy of the front and back)

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)

South Carolina Board of Cosmetology Verification Form

Send this form to your state of licensure.

Most states charge a fee to complete this form; therefore, please confirm the cost with your state board of licensure before mailing.

PART I: To be completed by the applicant and forwarded to the original state of licensure.

Name _____
First Middle Maiden Last

Previous Names(s) _____

Current Street Address _____ City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____
(mm/dd/yyyy)

Cosmetology Education Program _____

Name as on original license _____
First Middle Maiden Last

City of Program _____ State _____ Date of Completion _____

Type of License: _____ Current State of Licensure _____ Issue Date of Current License _____

Current License Number _____

LIST ALL OTHER STATES OF LICENSURE

State: _____ License Number: _____ Date Issued: _____

State: _____ License Number: _____ Date Issued: _____

State: _____ License Number: _____ Date Issued: _____

I hereby authorize all identified Boards of Cosmetology to release my licensure data to the South Carolina Board of Cosmetology.

Signature _____ Date _____

PART II: To be completed by the original state of licensure and forwarded to: South Carolina Board of Cosmetology, P. O. Box 11329, Columbia, SC 29211

This is to certify that _____ was issued license number _____ Date Issued _____
to practice _____

Licensed by: Examination _____ Endorsement _____ Waiver/Equivalency _____

Current Licensure Status: Active _____ Inactive _____ Lapsed _____ Expiration Date: _____

Has this license ever been encumbered (denied, revoked, suspended, limited, placed on probation)? Yes No

Disciplinary Action Pending? Yes No Explain yes responses and/or attach a certified copy of the action.

Cosmetology Program Completed _____ Approved by State? Yes No

Location (city/state) _____ Graduation Date _____

Type of Cosmetology Program RC _____ ES _____ NT _____ Other _____

Did the licensee pass nationally recognized written and practical exams? Yes No Scores: RC _____ ES _____ NT _____

If no, what type of examinations were passed?: _____ Scores: RC _____ ES _____ NT _____

Signature _____ Title _____ State _____ Date _____

OFFICIAL SEAL