



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 NOTARIZED SIGNATURE AFFIDAVIT  
 AND PASSPORT TYPE PHOTO FORM**

**This form may only be used with the electronic application. Do not mail this in with a check to be processed as an application, it will be returned to you.**

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.

I have carefully read the questions within this application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct to the best of my knowledge and belief.

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.

I certify I am the person shown in the photograph below and it has been taken within the last 6 months.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Print Applicant Name



SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

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

Print Name \_\_\_\_\_

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

SEAL

My Commission Expires: \_\_\_\_\_