

APPLICATION FOR EXAMINATION IN SOUTH DAKOTA
South Dakota Cosmetology Commission • 500 E Capitol Ave • Pierre SD 57501

Examination Categories and Fees (check only one box) Non-refundable (\$86 total if applying for temporary license)
Cosmetologist\$80 Esthetician.....\$80 Nail Technician.....\$80

PRINT CLEARLY. All areas must be completed. The correct examination fee by either check or money order must be attached. If applying for a temporary license a \$6 fee must also be attached.

Personal Information

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ SD Student License Number: _____

Email Address (if available): _____

The Cosmetology Commission will not share your email address with anyone outside the organization.

Indicate your language preference for the written theory & South Dakota laws examination: English Vietnamese

Do you need reasonable testing accommodations due to a disability? Yes No

Have you ever been convicted of, plead guilty or nolo contendere to a felony or any state or federal crime relating to narcotic drugs? Yes No. If answered "yes" explain on a separate sheet giving date, place and full particulars and attach as part of this application.

Education Information

School: _____ City: _____ State: _____ *

Date completed: _____ Total clock hours of education: _____

I authorize the Cosmetology Commission to release the results of my State Board Examinations to the above-named school: YES NO

*If this is an out-of-state school, you must get a certification from that state's Cosmetology Board. You must also submit a copy of birth certificate, copy of high school diploma or GED, Social Security # and a current photograph.

I hereby make application for the state board examinations to be conducted by the Cosmetology Commission. I declare and affirm under the penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief is, in all things, true and correct. If granted a temporary license to practice in South Dakota, I promise to abide by all the laws of the state of South Dakota governing these practices.

Signature of Applicant: _____ Date: _____

APPLICATION FOR TEMPORARY SOUTH DAKOTA LICENSE*

Salon Name: _____ Telephone: _____

Salon Address/City: _____

Owner Name: _____ Estimated starting date of employment: _____

NOTE: *All areas must be completed before the license will be issued. Temporary license fee = \$6.00. A temporary license will be issued only when the applicant makes application for a temporary license before taking the examination and has secured employment in a salon licensed by the Commission. This temporary license shall be valid until the examination results are received and is not renewable. If the examinations are failed, the temporary license becomes invalid immediately.