

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION  
**SOUTH DAKOTA BOARD OF BARBER EXAMINERS**  
221 W. Capitol Ave., Suite 101, Pierre SD 57501  
Tel: 605.773.6193 barber@state.sd.us

**VERIFICATION OF ALL PAST/PRESENT LICENSURE**

**To the Applicant:** Complete the top portion of this form and send to the Licensing Authority/Regulatory Board in the state(s) in which you are currently or previously licensed.

FULL  
NAME:

(Last Name) (First Name) (Middle) (Maiden)

ADDRESS:

(Mailing) (City) (State) (Zip)

LICENSE NUMBER:

EXPIRATION DATE:

ORIGINAL DATE OF LICENSURE:

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**To the Licensing Authority/Regulatory Board:** Please provide the information requested below and return directly to our Board address.

**BARBER EDUCATION**

Name of School:

(Street) (City) (State) (Zip)

Date Enrolled:

Date Graduated:

Length of Course (in months):

Credit Hours:

**EXAMINATION HISTORY**

Licensure in the State of

was granted based on:

National Written Examination

Practical Examination

State Prepared Written Examination

Grandfather

Reciprocity/Endorsement from the state of

Type of License Held:

Apprentice, Registered Barber

Date Original License was issued

Current License Number

Expiration Date:

Current Status:

Active, Inactive, Expired

Is there now or has there ever been any disciplinary action against the applicant?

Yes

No

If yes, please summarize:

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Name of State Board

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Signature of Licensing Agency Official

(State Seal)

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Title

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Date