

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

REGISTERED BARBER LICENSE RENEWAL

LICENSE RENEWAL APPLICATION FORM FOR _____ (Enter license year - YYYY)
ALL LICENSES EXPIRE ON JUNE 30.

1. Every Registered Barber Shop and Registered Barber who continues in active practice or service shall annually before July 1, _____, renew his certificate of registration and pay the required fee. **IF YOUR APPLICATION IS POSTMARKED AFTER JUNE 30, YOU WILL BE CHARGED AN ADDITIONAL \$15.00.**

2. Please send money order, certified check, bank draft or personal check payable to South Dakota Board of Barber Examiners at the above address.

Board use ONLY:

Received _____ Check Number _____ \$ _____

PLEASE ENTER THE FOLLOWING

Name _____ Last _____ First _____ License # _____
MQ _____

Mailing Address _____ Street or PO Box _____ City _____ State _____ Zip _____

Phone # _____

Social Security No. _____

PLEASE CHECK IF:

The above is a current address change.

I **WILL NOT** be renewing. Please return form to the Board Office with above information completed.

Check level of licensure:

Registered Barber

Are you active in practicing Barbering?

PLEASE COMPLETE NEXT PAGE

