

**For Board Use Only**

Date of Application_____	License Number_____	
Date of State Exam_____	CKD Child Support Report_____	
Score of State Examination_____	Date Issued_____	
Board Approval_____	Date Expires_____	
\$_____ App/Exam Ck#_____	\$_____ Cert Fee Ck#_____	\$_____ Transfer Fee Ck#_____

**LICENSE APPLICATION**

**South Dakota Board of Barber Examiners**

810 N. Main St., Suite 298, Spearfish, SD 57783

Tel: 605.642.1600

Under the laws of the State of South Dakota, I hereby make application for an annual license as:

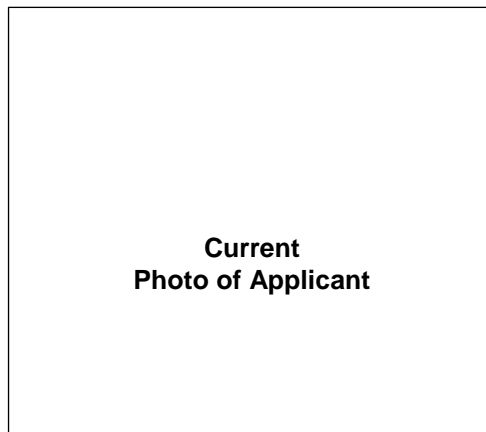
*If testing in SD. please remit separate checks or money orders (One for Examination Fee, One for Certificate Fee)*

**Registered Barber – Application For Examination Fee - \$100.00 + Certificate Fee- \$50.00**

- 18 years of age
- Graduation from School of Barbering
- Passed required examinations

**Registered Barber through Transfer of License or Certificate of Registration - \$150.00**

Substantially the same requirements as South Dakota



Name of applicant:

SSN:

*(Social security number's use is intended for purposes of identification related to licensure issues, discipline, and other board related issues.)*

## RULES AND REGULATIONS GOVERNING LICENSES

Any person desiring to become licensed to practice barbering in South Dakota must first obtain an application from the State Board. The application must be properly filled out and accompanied by the required fees. A recent photograph of the applicant must be attached for identification purposes.

### IDENTIFICATION

					Date
1. Full Name of Applicant	Last	First	Middle	Maiden/Former <i>(if applicable)</i>	
2. Address	Mailing	City		State	Zip
Phone No.	Email Address				
3. Place of Birth					Date of Birth
4. <b>Race:</b>	White Asian	Black or African American Native Hawaiian or Other Pacific Islander	American Indian or Alaskan Native Not listed or prefer not to answer		Not applicable
5. <b>Gender:</b>	Male	Female	Prefer not to answer		
6. <b>Ethnicity:</b>	Hispanic	Non-Hispanic	Prefer not to answer		
7. <b>Are you a citizen of the United States?</b>	Yes	No			

**Please choose either yes or no for each question in the appropriate section below. (required)**

8. Have you ever had your barber license suspended, placed on probation, or otherwise disciplined in any other state?	Yes	No
If yes, where? . Please explain below or attach a separate sheet.		
9. Are there any complaints currently pending against you as a barber in any other state?	Yes	No
If yes, where? . Please explain below or attach a separate sheet.		
10. Have you been convicted or found guilty of any criminal offense other than traffic violations?	Yes	No
<i>If yes, explain here or attach a separate sheet to include the offense convicted of, date of conviction, court convicted in, and a copy of the conviction.</i>		
11. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support?	Yes	No

**12. Place of Business or Employment**

Address

Mailing

City

State

Zip

Phone No.

Employer Business Type:

Unknown

Individual

Partnership

Corporation

Association

LLC

LLP

Other

**13. Barber School Attended:**

Mailing Address

City

State

Zip

Dates of Enrollment:

Number of hours completed:

**Please have official college transcripts by the Registrar of College/University sent directly to the South Dakota Board of Barber Examiners.**

**16. Are you licensed or have you ever been licensed to practice as a registered barber in a state other than South Dakota?**

Yes    No

State(s)

Licensed held from (Dates):

to

License Number

If yes, request the Board in the other state(s) to complete and

return directly to the South Dakota Board the form for "Verification of Licensure in Another State."

Please notify the South Dakota Board of Barber Examiners Office at 605-642-1600 if you feel you are eligible under the Americans with Disabilities Act (ADA) for special accommodation either in completing the application process or in taking the required examination.

**COMPLETE AFFIDAVIT ON PAGE 4  
ALL APPLICATIONS WILL BE RETURNED IF NOT PROPERLY  
COMPLETED OR FEES NOT ENCLOSED.  
ALL FEES ARE NON-REFUNDABLE.**

Name of Applicant: \_\_\_\_\_

**AFFIDAVIT**

I hereby state that I have fully read and understand the questions presented in this application and have answered them truthfully and completely. I acknowledge that my failure to make a full and accurate disclosure of any information called for herein may result in the denial of my application. I further acknowledge that any license or certificate I may obtain on the basis of this application may be revoked or suspended for my failure to disclose full and accurate information herein.

I will furnish additional information or documentation as may be deemed necessary by the South Dakota State Board of Barber Examiners for the verification of the information I have disclosed in this application.

“I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.”

MUST BE SIGNED IN PRESENCE OF NOTARY  Notary Public Embossed Seal or Rubber Stamp	Applicant Signature		Date of Signature
	Subscribed and Sworn Before Me, this  _____ day of _____ year		
	Notary Public Signature	My Commission Expires	
	Notary Public Name (Type or Printed)		

This completed application, together with the appropriate application fees and any support documents, should be submitted to:

**South Dakota Board of Barber Examiners**  
810 N. Main St., Ste. 298  
Spearfish, SD 57783