

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:

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

18 years of age

▪ Passed required examinations

Graduation from School of Barbering

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

Substantially the same requirements as South Dakota

**Current
Photo of Applicant**

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.)

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	Applicant Signature		Date of Signature
	Notary Public Embossed Seal or Rubber Stamp		
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