

SOUTH DAKOTA BOARD OF BARBER EXAMINERS

221 W. Capitol Ave., Suite 101, Pierre SD 57501

Tel: 605.773.6193 barber@state.sd.us

INSTRUCTION CHECKLIST

If testing is required, the State Board of Barber Examiners will approve candidates to take the examination(s) once all application materials have been received and approved in the Board Office.

*No application will be processed without the submittance of the respective fees. Please contact the Board office if you have questions.

1. Please complete the appropriate form to be licensed as a **Registered Barber, or Registered Barber through transfer of license or certificate of registration.**
2. Remit the appropriate fees. Please send a check or money order (no cash is accepted) made payable to the SD Board of Barber Examiners.
3. Include a 3x5 photo of yourself with the application.
4. All applicants must complete the section of "Barber school attended, address and date of enrollment." You will need to request official transcripts from the barber college from which you graduated with your Barber degree. Please have the college send the official transcript directly to this office (do not have them send a copy to you first. It must come direct to our office from the school).
5. No school of barbering shall be approved by the Board of Barber Examiners unless it requires as a prerequisite to graduation a course of instruction of not less than nine months with a minimum of 1500 hours.
6. The South Dakota Board of Barber Examiners administers the written examination approved by the National-Interstate Council of State Boards of Cosmetology, Inc. Test results are received in the Board office approximately 5-10 business days after the testing date. A practical examination is required and is administered by members of the Board of Barber Examiners.
7. If you are applying for licensure through Transfer of License or Certificate of Registration, the following must be included:
 1. 3x5 photo.
 2. Applicant must hold current license or certificate of registration as a barber from another state or country that has substantially the same requirements for licensing or registering barbers as required by South Dakota.
 3. Verification of all past/present licensure, completed by the State Board of Barbering in the state in which applicant is currently licensed, sent directly from that state to this office.
 4. Completion of formal education in a recognized School of Barbering. Transcripts to be sent directly to this office from the barber college.
 5. Applicants will be given credit for 50 educational hours for each month such applicant has practiced as a licensed barber in another state whose hours are less than the 1500 hours required by South Dakota.

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

Fee schedule is as follows:

Registered Barber Application for Examination Fee \$100.00

Certificate Fee \$50.00

Registered Barber through transfer of License or Certificate of Registration License Fee \$150.00

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#_____ |

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA BOARD OF BARBER EXAMINERS
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LICENSE APPLICATION

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

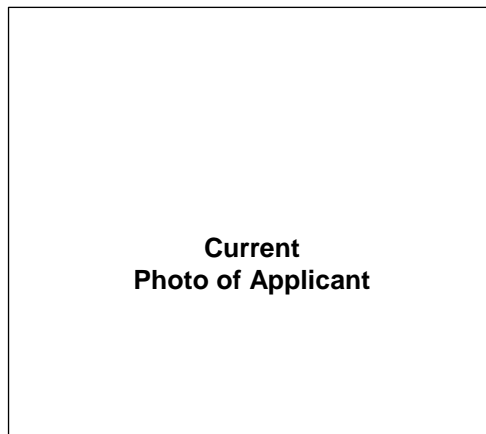
If testing in SD. please remit separate checks or money orders (One for Examination Fee, One for Certificate Fee)

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 | | | | |

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

4. 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.

5. 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.

6. Have you been convicted or found guilty of any criminal offense other than traffic violations? Yes No
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.

7. 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

8. Place of Business or Employment

Address

Mailing

City

State

Zip

Phone No.

Employer Business Type:

Unknown

Individual

Partnership

Corporation

Association

LLC

LLP

Other

9. 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.

10. 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
221 W. Capitol Ave., Suite 101
Pierre, SD 57501