

South Carolina Department of Labor, Licensing and Regulation
Board of Barber Examiners

Reciprocity Instructions

1. Application must be printed in ink or typed.
2. Enclose a clear and legible copy of your state identification card or driver's license.
3. Enclose a clear copy of your social security card.
4. Read each area very carefully. If any information is not marked or questions are not answered, your application may be returned as incomplete.
5. A skin test or chest x-ray must accompany all applications. It must indicate you are free of tuberculosis.
6. Submit the **non-refundable** fee as referenced on page one of the application.
7. Have the state where you are currently licensed mail a **verification of licensure** that displays **the type of examination passed; that you are currently licensed, in good standing; and that you have completed at least the ninth grade or better**. You may use a high school diploma, high school transcript, GED document, college degree, college transcript, or other acceptable documentation to meet the high school requirement. You must also provide two notarized statements from two registered or master barbers from the state where you are currently licensed **and working** indicating you have been practicing as a full-time barber for at least the past calendar year.
8. All applicants must have passed a national examination (NIC). **If you did not pass the NIC examination (theory and practical), you will be required to test in South Carolina as this state requires successful passing of the national examination to practice.** You must contact Professional Credential Services (PCS) to obtain registration information. The telephone number is 1-888-822-3272.
9. If you are not a resident of South Carolina, you are not eligible for reciprocity.

Mail the completed application and a check or money order for \$140:

South Carolina Department of Labor, Licensing and Regulation
Board of Barber Examiners
Post Office Box 11329
Columbia, SC 29211-1329

If the application is incomplete, it will not be considered for licensure until all questions are answered and all supporting documents are received.

Please notify the S.C. Board of Barber Examiners office at (803) 896-4588 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.

Privacy Act Disclosure:

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. **The South Carolina Freedom of Information Act** ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with **The South Carolina Freedom of Information Act**, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

All information in this document is a matter of public record subject to disclosure pursuant to the S.C. Freedom of information Act, except items designated with this symbol (*).

APPLICANT AFFIDAVIT/SIGNATURES (To be completed by all applicants.)

I do hereby certify and declare that to my knowledge I have no communicable disease; that I am not addicted to the habitual use of morphine, cocaine or other habit-forming drugs; that I have read and understand the law, rules and regulations governing the practice of Barbering in S.C.; and that I will comply with all State requirements relating to this license. I further understand that any omission, inaccuracy or failure to make full disclosure in this application may be deemed sufficient reason to withhold, suspend or revoke a license issued by the Board. I understand that the Board may make such inquiry and investigation to verify the information provided on or in connection with this application as the Board in its judgment deems proper. I further agree to furnish any additional information requested by the Board. I affirm that I am the applicant named herein and that the answers and information contained herein are true to the best of my knowledge and belief.

AFFIDAVIT

I, _____, am the person described and identified and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice as a Barber in South Carolina.

Applicant's Signature _____ Date _____

Sworn to and subscribed before me this ____ day of _____, 20____

Signature of Notary Public _____

My Commission Expires _____

Seal required here

Notary Public

Section II. AFFIDAVIT NEEDED FOR RECIPROCITY

STATE OF: _____

COUNTY OF: _____

Registered/Master Barber Name *License Number*

Registered/Master Barber Name *License Number*

First being duly sworn each deposes and says that he knows the person making the application, that to his/her positive knowledge _____ is a Registered or Master Barber in the State of _____ and that said applicant has been working full time for at least the preceding calendar year.

Signature of Registered Barber *Date*

Signature of Registered Barber *Date*

Sworn and subscribed to before me this _____ day of _____ 20_____

Notary Public *My Commission expires:* _____

Seal required here

HEALTH CERTIFICATION

Prior to licensure, applicant shall be required to have a tuberculin skin test with five U.S. Tuberculin Units of purified protein derivative. Applicants found to be non-reactors to a 5TU-PPD tuberculin skin test shall require no further routine annual screening. Results of skin tests utilizing the multiple puncture method shall not be accepted, If applicants are found to be tuberculin reactors, they must provide the Board with a statement that the applicant is non-contagious and must undergo such further testing as may be necessary before the county health department or private physician can provide the Board with such a statement. This statement shall include a section stating whether or not it will be necessary for the applicant to have an annual chest x-ray.

Name of person being examined

Date

Result of Tuberculosis Examination:

X-Ray of Chest of Skin Test (attach report) _____

I find this applicant free from infectious tuberculin disease and is physically qualified to practice barbering.

Signature of M.D.

Print Name of M.D.

Address

City

State

Zip

County

Phone

M.D. License Number



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)

being first duly sworn deposes and states as follows:

Check only one box:

- 1. I am a United States citizen; or
- 2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
- 3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
- 4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See Instruction sheet for a list of accepted immigration documents. Provide copies of the front and back.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both)

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this day of _____

Signature of Notary Public
Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA

An alien who is granted asylum under Section 208 of the INA

A refugee who is admitted to the United States under Section 207 of the INA

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year. An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (1-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (1-551)

Unexpired Refugee Travel Document (1-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary 1-551 Language)

Temporary 1-551 Stamp (on passport or 1-94)

1-94 (Arrival/Departure Record) in Unexpired Foreign Passport

1-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)