

## South Carolina Board of Cosmetology

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia, SC 29211-11329

Phone: 803-896-4588 • [BoardInfo@llr.sc.gov](mailto:BoardInfo@llr.sc.gov) • Fax: 803-896-4484

[www.llronline.com/POL/Cosmetology](http://www.llronline.com/POL/Cosmetology)



### Cosmetology, Esthetician or Nail Technician Endorsement Application Instructions

Check your application status online for pending documentation before directly contacting the Board at [www.llroline.com/pol/cosmetology](http://www.llroline.com/pol/cosmetology).

Allow 10 business days from the date we receive your application before checking your application status. Once all information is received, allow up to 10 business days for a license to be issued. During peak times, the application review/approval process may take longer.

#### 1. Submit with your application:

- Remit the \$60 non-refundable application fee via check, money order or cashier's check only. Make payable to **LLR-Board of Cosmetology**.
- Recent 2"x2" full faced passport type color or black and white photo signed and dated on the front. Tape along the top edge of the photo only onto the photo section of the application. **DO NOT Staple!**
- Copy of vital statistics birth certificate or passport. Hospital birth certificates are not accepted.
- Copy of social security card.
- Copy of a state issued ID, driver's license or passport with intact picture.
- Completed and notarized Verification of Lawful Presence, attached.
- Copy of current license in another state or jurisdiction in this country or territory or dependency of the United States. This **CANNOT** be used to verify your license.
- If applicable, copy of legal documents that authorize a change in name such as marriage licenses, divorce decrees, or other court documents.
- **NOTE:** License will only be issued as reflected on legal document. (Birth certificate, marriage license, etc.)

#### 2. Request a License Verification from the state you are **currently** licensed in. This verification must be mailed directly to our office at the address listed about. Attached is a license verification request form if needed, we will accept a state issued verification form.

- The verification must include the State seal, and must reflect if you have taken a state exam or a nationally recognized exam.
- If the verification reflects that you have NOT passed a national examination, staff will guide you through the NIC examination process through Professional Credential Services, Inc. (PCS)- 888.822.3272.

If you have questions regarding the application process, please contact the Board of Cosmetology at [boardinfo@llr.sc.gov](mailto:boardinfo@llr.sc.gov).



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APPLICATION FOR LICENSURE BY ENDORSEMENT

South Carolina is a member of the National-Interstate Council of State Boards of Cosmetology (NIC). Please select the type of license you are applying for. This application is valid for one year. Any applicant who has not obtained licensure within one year must complete a new license application.

Application fees are subject to change and are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.

- Fill application out in blue or black ink only.
Remit the \$60 application fee via check, money order or cashier's check only made payable to: LLR-Board of Cosmetology.

Cosmetology [ ] Esthetician [ ] Nail Tech [ ]

Full Legal Name: First Middle Maiden (if married) Last

Home Address: Street (physical address required) City State Zip

Mailing Address: Street/PO Box City State Zip

County: Telephone #:

Email Address: Social Security Number: / /

Date of Birth: Place of Birth:

Race: (for statistical purposes only) American Indian African American Caucasian Hispanic Oriental/Asian Other

Gender: Female Male

\*If you answer "yes" to questions 1-2, you must attach a full written explanation pertaining to that particular question.

- 1. To your knowledge are any pending complaints filed against your current license? Yes No
2. Have you ever been convicted of or pled guilty or nolo contendere to any felony, a crime of moral turpitude or a crime involving drugs? If yes, submit a copy of the criminal background history where the violation(s) occurred and attach copies of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer sent directly to the Board from the above-mentioned authorities. Yes No
3. Have you ever applied for licensure in South Carolina? If yes, date (MM/DD/YYYY) Yes No
4. Have you ever been licensed in South Carolina? If yes, SC License # Yes No
5. Have you ever been known by any other name or surname? If yes, list names Yes No
6. Cosmetology education program from which you graduated: School (Name/City/State) Date of Graduation





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 \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

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. (Make a copy of the front and back)

**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 (I-327)

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

Unexpired Refugee Travel Document (I-571)

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

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

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

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

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

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

# South Carolina Board of Cosmetology Verification Form

Send this form to your state of licensure.

Most states charge a fee to complete this form; therefore, please confirm the cost with your state board of licensure before mailing.

## PART I: To be completed by the applicant and forwarded to the original state of licensure.

Name \_\_\_\_\_  
First Middle Maiden Last

Previous Names(s) \_\_\_\_\_

Current Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
(mm/dd/yyyy)

Cosmetology Education Program \_\_\_\_\_

Name as on original license \_\_\_\_\_  
First Middle Maiden Last

City of Program \_\_\_\_\_ State \_\_\_\_\_ Date of Completion \_\_\_\_\_

Type of License: \_\_\_\_\_ Current State of Licensure \_\_\_\_\_ Issue Date of Current License \_\_\_\_\_

Current License Number \_\_\_\_\_

### LIST ALL OTHER STATES OF LICENSURE

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

I hereby authorize all identified Boards of Cosmetology to release my licensure data to the South Carolina Board of Cosmetology.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PART II: To be completed by the original state of licensure and forwarded to: South Carolina Board of Cosmetology, P. O. Box 11329, Columbia, SC 29211

This is to certify that \_\_\_\_\_ was issued license number \_\_\_\_\_ Date Issued \_\_\_\_\_  
to practice \_\_\_\_\_

Licensed by: Examination \_\_\_\_\_ Endorsement \_\_\_\_\_ Waiver/Equivalency \_\_\_\_\_

Current Licensure Status: Active \_\_\_\_\_ Inactive \_\_\_\_\_ Lapsed \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has this license ever been encumbered (denied, revoked, suspended, limited, placed on probation)?  Yes  No

Disciplinary Action Pending?  Yes  No Explain yes responses and/or attach a certified copy of the action.

Cosmetology Program Completed \_\_\_\_\_ Approved by State?  Yes  No

Location (city/state) \_\_\_\_\_ Graduation Date \_\_\_\_\_

Type of Cosmetology Program RC \_\_\_\_\_ ES \_\_\_\_\_ NT \_\_\_\_\_ Other \_\_\_\_\_

Did the licensee pass nationally recognized written and practical exams?  Yes  No Scores: RC \_\_\_\_\_ ES \_\_\_\_\_ NT \_\_\_\_\_

If no, what type of examinations were passed?: \_\_\_\_\_ Scores: RC \_\_\_\_\_ ES \_\_\_\_\_ NT \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL SEAL**