	South Carolina Department of Labor, I South Carolina Board of Ba 110 Centerview Dr. • Columbia P.O. Box 11329 • Columbia • S Phone: 803-896-4588 • BoardInfo@llr.so Ilr.sc.gov/bar	<b>arber Examiners</b> ia • SC • 29210 SC 29211-1329		
<ul> <li>2025-2027 PORTABLE BARBER OPERATION RENEWAL APPLICATION</li> <li>Renewal Instructions/Requirements: <ul> <li>Renewal form and any other applicable documentation are due by June 30, 2025.</li> <li>Renewal must be postmarked by June 30, 2025, or it is considered lapsed and practice is not allowed.</li> <li>Your license expires on June 30, 2025. After June 30, 2025, registration is lapsed and re-application is required.</li> </ul> </li> </ul>				
License Type:  Barber Master Haircare License No.:				
LI	CENSEE INFORMATION			
Na	ume (As it is listed on your SC Barber/Master Haircare license):			
Но	ome Address:City	y:State:	Zip:	
Ma	ci (If different than above)	ty:State:_	Zip:	
Business Phone No.: Other Contact Phone No.:				
Em	nail Address (Required):			
Name of Base Operation:				
An	SCIPLINARY QUESTIONS asswer the following questions. A detailed letter of explanation or to" answers.	updated documents must be s	ubmitted for	
1.	Since your initial application or since your last renewal has any action been taken against you in any state? If yes, provide a deta along with any applicable documentation.		□Yes □1	No
2.	Since you were initially licensed or since your last renewal as a professional, have you been convicted or pled guilty or nolo con there charges pending against you now that you have not disclose	ntendere to a felony or are	□Yes □1	No
<b>If yes,</b> you must include a full written explanation, criminal background and court documents. If the violation(s) occurred in South Carolina, you must submit a SLED report.				
	If you do not have documentation, request a criminal re appropriate entity directly to the Board.	cords check be sent by the		
CC	OMPLIANCE QUESTION			
1.	Do you understand that you must maintain a written or electron addresses where barbering services will be provided during any provide this information to the Board upon request?		□Yes □1	No

## ATTESTATION

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina licensure.

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

## **PRIVACY NOTICE**

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. 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 your renewal application and other documents on file 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 purposes.